Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HARDWOODS SPECIALTY PRODUCTS 401K RETIREMENT SAVINGS PLAN SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HARDWOODS SPECIALTY PRODUCTS USLP

P.O. BOX 157
BLAINE, WA 98231

2b Employer Identification Number (EIN)
20-0806324

2c Plan Sponsor's telephone number
604-881-1996

2d Business code (see instructions)
423300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	EMIRA MUKANOVIC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	275
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	273
a(2) Total number of active participants at the end of the plan year	**6a(2)**	301
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	304
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	305
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	277
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HARDWOODS SPECIALTY PRODUCTS 401K RETIREMENT SAVINGS PLAN SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HARDWOODS SPECIALTY PRODUCTS USLP

D Employer Identification Number (EIN)
20-0806324

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	DH1213	305	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	5296380
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	3699051
c	Additions: (1) Contributions deposited during the year	7c(1)	87588		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	140840		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1153125		
	▶ *				
	(6) Total additions			7c(6)	1381553
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	5080604
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4239		
	(2) Administration charge made by carrier	7e(2)	11408		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	2198		
	▶ *				
	(5) Total deductions			7e(5)	17845
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	5062759

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HARDWOODS SPECIALTY PRODUCTS 401K RETIREMENT SAVINGS PLAN SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HARDWOODS SPECIALTY PRODUCTS USLP

D Employer Identification Number (EIN)
20-0806324

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BERNSTON PORTER AND COMPANY LLC

11-1000111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	SERVICE PROVIDER	11297	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 64	SERVICE PROVIDER	3475	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HARDWOODS SPECIALTY PRODUCTS 401K RETIREMENT SAVINGS PLAN SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HARDWOODS SPECIALTY PRODUCTS USLP

D Employer Identification Number (EIN)
20-0806324

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	236285	233692
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13541762	16816225
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3699051	5062759
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17477098	22112676
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	17477098	22112676

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	468830	
	(B) Participants	2a(1)(B)	828954	
	(C) Others (including rollovers)	2a(1)(C)	112246	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1410030
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12712	
	(F) Other	2b(1)(F)	140840	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		153552
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1555339	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1555339
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1892255
c Other income	2c		1621
d Total income. Add all **income** amounts in column (b) and enter total	2d		5012797
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	349818	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		349818
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		12054
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15347	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15347
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		377219
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4635578
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BERNTSON PORTER & COMPANY, PLLC **(2)** EIN: 91-1308574

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HARDWOODS SPECIALTY PRODUCTS 401K RETIREMENT SAVINGS PLAN SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HARDWOODS SPECIALTY PRODUCTS USLP

D Employer Identification Number (EIN)
20-0806324

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

HARDWOODS SPECIALTY PRODUCTS 401(K) RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2019 AND 2018

Berntson Porter & COMPANY PLLC

Certified Public Accountants & Consultants

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Berntson Porter & COMPANY PLLC
Certified Public Accountants & Consultants

October 14, 2020

To the 401(k) Advisory Committee
Hardwoods Specialty Products 401(k) Retirement Savings Plan
Blaine, Washington

Independent Auditors' Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hardwoods Specialty Products 401(k) Retirement Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Institutional Trust Company, the trustee of the plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Schedule H, Line 4(i) - Schedule of assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Berntson Porter & Company, PLLC
Certified Public Accountants

Hardwoods Specialty Products
401(k) Retirement Savings Plan

Statement of Net Assets Available for Benefits

December 31,	**2019**	2018
ASSETS		
Registered investment companies, at fair value	**$ 16,816,225**	$ 13,541,762
Guaranteed interest accounts, at contract value	**5,062,759**	3,699,051
Total investments	**21,878,984**	17,240,813
Notes receivable from participants	**233,692**	236,285
Net assets available for benefits	**$ 22,112,676**	$ 17,477,098

The accompanying notes are an integral part of these financial statements.

Hardwoods Specialty Products
401(k) Retirement Savings Plan

Statement of Changes in
Net Assets Available for Benefits

Year Ended December 31,	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income	
Net appreciation in fair value of assets	$ 1,893,876
Interest and dividends	1,696,179
Total investment income	3,590,055
Interest income on notes receivable from participants	12,712
Contributions	
Participant	828,954
Employer	468,830
Rollover	112,246
Total contributions	1,410,030
Total additions	5,012,797
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	349,818
Administrative expenses	15,347
Deemed loan distributions	12,054
Total deductions	377,219
Net increase in assets available for benefits	4,635,578
Net assets available for benefits at beginning of year	17,477,098
Net assets available for benefits at end of year	$ 22,112,676

The accompanying notes are an integral part of these financial statements.

Note 1 - DESCRIPTION OF PLAN

The following description of the Hardwoods Specialty Products 401(k) Retirement Savings Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions. The plan sponsor is Hardwoods Specialty Products USLP, ("the company").

GENERAL

The plan is a defined contribution plan covering all qualified employees of the company, as defined in the plan agreement, who are age 18 or older. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Participants may contribute a percentage of eligible annual compensation, as defined in the plan, not to exceed the annual dollar limitation defined by the Internal Revenue Code. Participants may also contribute amounts representing rollover distributions from other qualified plans. Additionally, the plan includes an auto-enrollment provision where all newly eligible employees are automatically enrolled in the plan unless they formally elect not to participate. The auto-enrollment deferral rate is set at 4% of the participant's eligible compensation. All employee contributions are invested with Voya Institutional Trust Company.

The company may make matching contributions. These matching contributions are equal to 100% of the participant's contributions up to 4% of the participant's eligible annual compensation. Participants are eligible for matching contributions after six months of employment at the company. The company made matching contributions of $468,830 for the year ended December 31, 2019.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the company's matching contribution, the allocation of plan earnings and losses and any related investment and administrative expenses. Plan earnings are allocated to participants based on actual earnings of the investment options selected by the participants. Allocations of expenses are based on the proportion of each participant's account to the total of all participant account balances. Fees charged on distributions and new notes receivable from participants are charged directly to the participant's account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately vested in their voluntary contributions and company contributions plus actual earnings thereon.

INVESTMENT OPTIONS

Upon enrollment in the plan, participants are able to direct their contributions, including company contributions, among any or all of the multiple investment account options. Investment options are shares of registered investment companies and guaranteed interest accounts held by Voya Retirement Insurance and Annuity Company. Participants may change their investment options daily. There are no nonparticipant directed investments.

Contributions may be temporarily held as cash balances prior to the execution of the investment according to the participant's direction.

The plan provides for various investment fund options, which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities in general are exposed to various risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive either a single lump-sum distribution equal to the value of the participant's vested interest in his or her account, or an annuity to be paid in equal installments over a period of not more than the participant's or designated beneficiary's assumed life expectancy determined at the time of distribution. For termination of service with vested benefits under $5,000, the balance will be automatically paid in a lump-sum distribution. Benefits are recorded when paid.

HARDSHIP WITHDRAWALS

Participants are permitted to withdraw, in a single sum, their account balance under certain conditions. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of post-secondary education tuition, the payment of funeral expenses or casualty losses or to prevent eviction or foreclosure from the participant's principal residence. No hardship withdrawals shall be granted unless the participant has borrowed the maximum amount under the plan's loan program.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts. The amount the plan may loan to a participant is limited by rules under the Internal Revenue Code. The maximum amount a participant may borrow is equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms generally range from one to five years. If used to acquire a principal residence the plan administrator can permit a longer repayment period for up to 25 years. The loans are secured by the loan balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator and is fixed over the life of the loan. The plan requires repayment on the loan obligations through payroll deductions and the loans can be repaid at any time.

ADMINISTRATION OF PLAN ASSETS

Administrative expenses for the plan are paid by the plan and totaled $15,347 for the year ended December 31, 2019. Certain other administrative expenses of the plan are paid by the company and are not included in the accompanying financial statements.

Note 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the plan are prepared using the accrual method of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the plan's gains and losses on investments bought and sold as well as held during the year.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance. Accrued but unpaid interest, if any, would not have a material impact on the plan's financial statements.

SUBSEQUENT EVENTS

The COVID-19 outbreak in the United States has caused business disruption, and economic uncertainties have arisen which could negatively affect plan sponsor and plan operations. The COVID-19 outbreak has led to volatility in financial markets and has affected, and may continue to affect, the market prices of the plan's investments. The impact of COVID-19 on the plan sponsor and plan continues to evolve rapidly and its future impact on the plan's net assets available for benefits and changes in net assets available for benefits cannot be reasonably estimated at this time.

Management has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued.

Note 3 - FAIR VALUE MEASUREMENTS

The plan's investments in registered investment companies are reported at fair value in the accompanying Statement of Net Assets Available for Benefits.

		Fair value measurements using:		
December 31, 2019	Fair value	Quoted prices in active markets for identical assets (Level 1)	Other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies	**$ 16,816,225**	**$ 16,816,225**	**$ -**	**$ -**

		Fair value measurements using:		
December 31, 2018	Fair value	Quoted prices in active markets for identical assets (Level 1)	Other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies	$ 13,541,762	$ 13,541,762	$ -	$ -

FASB ASC 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority and Level 3 inputs have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs consists of inputs other than quoted market prices included within Level 1 that are observable for valuing the asset. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. There were no Level 2 or Level 3 inputs used by the plan.

Level 1 Fair Value Measurements

The fair value of registered investment company funds is based on quoted market prices of the shares held by the plan at year-end.

Note 4 - GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Voya Fixed Accounts (the Funds) investment choice are a nontradeable obligation of Voya Retirement Insurance and Annuity Company. The objective of the Funds is to protect against loss of principal while providing returns comparable to money market funds and short-term treasury instruments. Characteristics of this investment allows for principal value to remain stable regardless of the volatility of the financial markets. This contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measurement of fully benefit-responsive investment contracts because this is the amount received by participants if

they were to initiate permitted transactions under the terms of the plan. Contract value represents contributions made, plus earnings, less participant withdrawals, and administrative expenses.

The funds have no stated maturity date. Interest rates are reset monthly as of the beginning of each month, during which a new interest rate is applied daily to the total outstanding balance of the investment. For deposit liabilities with no defined maturities, contract value is the amount payable on demand at the reporting date.

Certain events, such as the premature termination of the contract by the plan or the termination of the plan, may limit the plan's ability to transact at contract value with the issuer. The plan administrator does not believe that the occurrence of such events, which would also limit the plan's ability to transact at contract value with participants, is probable.

Note 5 - INFORMATION CERTIFIED BY TRUSTEE

Voya Institutional Trust Company, plan trustee, certified that the following information included in the financial statements and supplemental schedule is complete and accurate:

- Fair value of investments in registered investment companies
- Contract value of guaranteed interest accounts
- Investment interest and dividend income
- Net appreciation in fair value of investments
- Interest income on notes receivable from participants
- Investments, as reflected in Schedule H, Line 4(i) – Schedule of assets (Held at End of Year)

Note 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of termination, participants remain fully vested in their account balance.

Note 7 - INVESTMENTS

The following table presents the plan's investment that exceeds 20% of the plan's net assets available for benefits at December 31,:

	2019	2018
Voya Fixed Account	**$** *	$ 3,614,869

* Investment represents less than 20% of net assets.

Note 8 - TAX STATUS

The plan's latest determination letter was dated September 1, 2014, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). Once qualified, the plan is required to operate in conformity with the code to maintain its qualification. The plan has been amended to since receiving the determination letter. However, the plan administrator and the plan's tax council believe that as of December 31, 2019 the plan is designed and operated in compliance with the applicable requirements of the Code and therefore, the plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the plan's financial statements.

The plan adopted the provisions of FASB ASC 740-10, Income Taxes, relating to accounting for uncertain tax positions. ASC 740-10 defines a recognition threshold and measurement process for accounting for uncertain tax positions and also provides guidance on various related matters such as interest, penalties, derecognition and disclosures. The plan does not have any plan level uncertain tax positions. The plan files income tax returns in the U.S. federal jurisdiction. The plan administrator believes the plan is no longer subject to U.S. federal examinations by tax authorities for years before 2016.

Note 9 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds and an annuity contract managed by Voya Retirement Life Insurance and Annuity Company, a company associated with the trustee, Voya Institutional Trust Company. Fees paid by the plan for investment management services are included in the net appreciation of investments. These transactions qualify as party-in-interest transactions. Additionally, certain 401(k) advisory committee members participate in the plan and transactions with these individuals may qualify as party-in-interest transactions.

The plan uses the services of an independent public accounting firm to audit the plan. Administrative expenses for the year ended December 31, 2019 includes approximately $11,000 paid to the independent public accounting firm.

SUPPLEMENTARY INFORMATION

Attachment to Form 5500

2019 Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan Name Hardwoods Specialty Products 401(K) Retirement Savings Plan EIN 20-0806324 PN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	VOYA FIXED ACCOUNT	GUARANTEED INTEREST ACCOUNT	**	$ 3,718,543
*	VOYA T. ROWE PRICE GROWTH EQUITY PORTFOLIO	REGISTERED INVESTMENT CO.	**	2,203,783
	AMERICAN FUNDS NEW PERSPECTIVE FUND	REGISTERED INVESTMENT CO.	**	1,556,357
*	VOYA T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	REGISTERED INVESTMENT CO.	**	1,453,204
*	VOYA FIXED ACCOUNT (4062)	GUARANTEED INTEREST ACCOUNT	**	1,344,216
*	VOYA U.S. STOCK INDEX PORTFOLIO	REGISTERED INVESTMENT CO.	**	1,260,052
*	VOYA INVESCO GROWTH AND INCOME PORTFOLIO	REGISTERED INVESTMENT CO.	**	998,909
*	VOYA INTERMEDIATE BOND FUND	REGISTERED INVESTMENT CO.	**	845,245
	AMERICAN FUNDS WASHINGTON MUTUAL	REGISTERED INVESTMENT CO.	**	841,533
*	VOYA MID CAP OPPORTUNITIES PORTFOLIO	REGISTERED INVESTMENT CO.	**	833,012
*	VOYA SOLUTION 2045 PORTFOLIO	REGISTERED INVESTMENT CO.	**	806,553
*	VOYA SOLUTION 2025 PORTFOLIO	REGISTERED INVESTMENT CO.	**	790,498
*	VOYA RUSSELL SMALL CAP INDEX PORTFOLIO	REGISTERED INVESTMENT CO.	**	768,984
	AB DISCOUNT VALUE FUND	REGISTERED INVESTMENT CO.	**	596,582
*	VOYA SOLUTION 2055 PORTFOLIO	REGISTERED INVESTMENT CO.	**	544,019
	PGIM HIGH YIELD FUND	REGISTERED INVESTMENT CO.	**	524,319
	T. ROWE PRICE BLUE CHIP GROWTH FUND	REGISTERED INVESTMENT CO.	**	523,947
	OPPENHEIMER INTERNATIONAL GROWTH FUND	REGISTERED INVESTMENT CO.	**	515,819
*	VOYA SOLUTION 2035 PORTFOLIO	REGISTERED INVESTMENT CO.	**	352,259
*	VOYA SOLUTION INCOME	REGISTERED INVESTMENT CO.	**	306,414
*	VOYA SOLUTION 2030 PORTFOLIO	REGISTERED INVESTMENT CO.	**	171,884
*	VOYA SOLUTION 2040 PORTFOLIO	REGISTERED INVESTMENT CO.	**	144,932
	NEUBERG BERM REAL ESTATE FUND	REGISTERED INVESTMENT CO.	**	141,781
*	VOYA SOLUTION 2050 PORTFOLIO	REGISTERED INVESTMENT CO.	**	131,814

* Denotes party-in-interest transaction.

** Cost information not required for participant-directed assets.

The above data, except for participant loans, is based upon information which has been certified as complete and accurate by Voya Institutional Trust Company, plan trustee.

Attachment to Form 5500

2019 Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan Name Hardwoods Specialty Products 401(K) Retirement Savings Plan EIN 20-0806324 PN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	VOYA SOLUTION 2060 PORTFOLIO	REGISTERED INVESTMENT CO.	**	114,689
	PIMCO REAL RETURN FUND	REGISTERED INVESTMENT CO.	**	113,757
*	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	REGISTERED INVESTMENT CO.	**	90,935
*	VOYA JP MORGAN EMERGING MARKETS EQUITY PORTFOLIO	REGISTERED INVESTMENT CO.	**	85,707
*	VOYA RUSSELL MIDCAP GROWTH INDEX PORTFOLIO	REGISTERED INVESTMENT CO.	**	73,198
*	VOYA SOLUTION 2020 PORTFOLIO	REGISTERED INVESTMENT CO.	**	13,975
*	VOYA COLUMBIA SMALL VAP VALUE II	REGISTERED INVESTMENT CO.	**	10,127
*	VOYA GOVERNMENT MONEY MARKET	REGISTERED INVESTMENT CO.	**	1,937
*	PARTICIPANT LOANS	INTEREST RATE RANGES FROM 4.25% - 7.75%, MATURING BETWEEN 2020-2029, SECURED BY VESTED BALANCE	-0-	233,692
	TOTAL			$ 22,112,676

* Denotes party-in-interest transaction.

** Cost information not required for participant-directed assets.

The above data, except for participant loans, is based upon information which has been certified as complete and accurate by Voya Institutional Trust Company, plan trustee.

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
HARDWOODS SPECIALTY PRODUCTS 401K RETIREMENT
EIN#20-0806324
Plan#001
As Of December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AB Disc Value Fnd K	Registered Investment Company		$596,582
	American Funds Nw Prspctv R3	Registered Investment Company		$1,556,357
	American Funds Wash Mtual R4	Registered Investment Company		$841,533
	Inv Opp Intl Growth Fund A	Registered Investment Company		$515,819
	Neuberg Berm Real Est Fnd R6	Registered Investment Company		$141,781
	PGIM High Yield Fund R6	Registered Investment Company		$524,319
	PIMCO Real Return Fund A	Registered Investment Company		$113,757
	TRwPr Blue Chip Growth Fnd Adv	Registered Investment Company		$523,947
*	Voya Fixed Account	Insurance Company General Account		$3,718,543
*	Voya Fixed Account (4062)	Insurance Company General Account		$1,344,216
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$1,937
*	Voya Intermediate Bond Fund A	Registered Investment Company		$845,245
*	Voya Mid Cap Opport Port S	Registered Investment Company		$833,012
*	Voya Russell MdCp Indx Prt S	Registered Investment Company		$73,198
*	Voya Russell SmCp Indx Prt S	Registered Investment Company		$768,984
*	Voya SmCp Opport Port S	Registered Investment Company		$90,935
*	Voya Solution 2020 Port Srv	Registered Investment Company		$13,975
*	Voya Solution 2025 Port Srv	Registered Investment Company		$790,498
*	Voya Solution 2030 Port Srv	Registered Investment Company		$171,884
*	Voya Solution 2035 Port Srv	Registered Investment Company		$352,259
*	Voya Solution 2040 Port Srv	Registered Investment Company		$144,932
*	Voya Solution 2045 Port Srv	Registered Investment Company		$806,552
*	Voya Solution 2050 Port Srv	Registered Investment Company		$131,814
*	Voya Solution 2055 Port Srv	Registered Investment Company		$544,019
*	Voya Solution 2060 Port Srv	Registered Investment Company		$114,689
*	Voya Solution Income Pt Srv	Registered Investment Company		$306,414
*	Voya US Stock Index Port Srv	Registered Investment Company		$1,260,052
*	VY Columbia SmCp Vl II PI	Registered Investment Company		$10,127
*	VY Invesco Grw & Inc Prt Srv	Registered Investment Company		$998,909
*	VY JPM Emrg Mkts Eq Port Srv	Registered Investment Company		$85,707
*	VY TRwPr Cap Apprec Port Ins	Registered Investment Company		$1,453,204
*	VY TRwPr Grw Eqty Pt I	Registered Investment Company		$2,203,783
		Loan Rates: 4.25% - 6.50%		$233,692
	TOTAL			$22,112,676

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

HARDWOODS SPECIALTY PRODUCTS 401(K) RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2019 AND 2018

Berntson Porter & COMPANY PLLC

Certified Public Accountants & Consultants

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Berntson Porter & COMPANY PLLC
Certified Public Accountants & Consultants

October 14, 2020

To the 401(k) Advisory Committee
Hardwoods Specialty Products 401(k) Retirement Savings Plan
Blaine, Washington

Independent Auditors' Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hardwoods Specialty Products 401(k) Retirement Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Institutional Trust Company, the trustee of the plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Schedule H, Line 4(i) - Schedule of assets (Held at End of Year) as of December 31, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Berntson Porter & Company, PLLC
Certified Public Accountants

Hardwoods Specialty Products
401(k) Retirement Savings Plan

Statement of Net Assets Available for Benefits

December 31,	**2019**	2018
ASSETS		
Registered investment companies, at fair value	**$ 16,816,225**	$ 13,541,762
Guaranteed interest accounts, at contract value	**5,062,759**	3,699,051
Total investments	**21,878,984**	17,240,813
Notes receivable from participants	**233,692**	236,285
Net assets available for benefits	**$ 22,112,676**	$ 17,477,098

The accompanying notes are an integral part of these financial statements.

Hardwoods Specialty Products
401(k) Retirement Savings Plan

Statement of Changes in
Net Assets Available for Benefits

Year Ended December 31,	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income	
Net appreciation in fair value of assets	$ 1,893,876
Interest and dividends	1,696,179
Total investment income	3,590,055
Interest income on notes receivable from participants	12,712
Contributions	
Participant	828,954
Employer	468,830
Rollover	112,246
Total contributions	1,410,030
Total additions	5,012,797
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	349,818
Administrative expenses	15,347
Deemed loan distributions	12,054
Total deductions	377,219
Net increase in assets available for benefits	4,635,578
Net assets available for benefits at beginning of year	17,477,098
Net assets available for benefits at end of year	$ 22,112,676

The accompanying notes are an integral part of these financial statements.

Note 1 - DESCRIPTION OF PLAN

The following description of the Hardwoods Specialty Products 401(k) Retirement Savings Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions. The plan sponsor is Hardwoods Specialty Products USLP, ("the company").

GENERAL

The plan is a defined contribution plan covering all qualified employees of the company, as defined in the plan agreement, who are age 18 or older. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Participants may contribute a percentage of eligible annual compensation, as defined in the plan, not to exceed the annual dollar limitation defined by the Internal Revenue Code. Participants may also contribute amounts representing rollover distributions from other qualified plans. Additionally, the plan includes an auto-enrollment provision where all newly eligible employees are automatically enrolled in the plan unless they formally elect not to participate. The auto-enrollment deferral rate is set at 4% of the participant's eligible compensation. All employee contributions are invested with Voya Institutional Trust Company.

The company may make matching contributions. These matching contributions are equal to 100% of the participant's contributions up to 4% of the participant's eligible annual compensation. Participants are eligible for matching contributions after six months of employment at the company. The company made matching contributions of $468,830 for the year ended December 31, 2019.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the company's matching contribution, the allocation of plan earnings and losses and any related investment and administrative expenses. Plan earnings are allocated to participants based on actual earnings of the investment options selected by the participants. Allocations of expenses are based on the proportion of each participant's account to the total of all participant account balances. Fees charged on distributions and new notes receivable from participants are charged directly to the participant's account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately vested in their voluntary contributions and company contributions plus actual earnings thereon.

INVESTMENT OPTIONS

Upon enrollment in the plan, participants are able to direct their contributions, including company contributions, among any or all of the multiple investment account options. Investment options are shares of registered investment companies and guaranteed interest accounts held by Voya Retirement Insurance and Annuity Company. Participants may change their investment options daily. There are no nonparticipant directed investments.

Contributions may be temporarily held as cash balances prior to the execution of the investment according to the participant's direction.

The plan provides for various investment fund options, which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities in general are exposed to various risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive either a single lump-sum distribution equal to the value of the participant's vested interest in his or her account, or an annuity to be paid in equal installments over a period of not more than the participant's or designated beneficiary's assumed life expectancy determined at the time of distribution. For termination of service with vested benefits under $5,000, the balance will be automatically paid in a lump-sum distribution. Benefits are recorded when paid.

HARDSHIP WITHDRAWALS

Participants are permitted to withdraw, in a single sum, their account balance under certain conditions. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of post-secondary education tuition, the payment of funeral expenses or casualty losses or to prevent eviction or foreclosure from the participant's principal residence. No hardship withdrawals shall be granted unless the participant has borrowed the maximum amount under the plan's loan program.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts. The amount the plan may loan to a participant is limited by rules under the Internal Revenue Code. The maximum amount a participant may borrow is equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms generally range from one to five years. If used to acquire a principal residence the plan administrator can permit a longer repayment period for up to 25 years. The loans are secured by the loan balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator and is fixed over the life of the loan. The plan requires repayment on the loan obligations through payroll deductions and the loans can be repaid at any time.

ADMINISTRATION OF PLAN ASSETS

Administrative expenses for the plan are paid by the plan and totaled $15,347 for the year ended December 31, 2019. Certain other administrative expenses of the plan are paid by the company and are not included in the accompanying financial statements.

Note 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the plan are prepared using the accrual method of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results may differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the plan's gains and losses on investments bought and sold as well as held during the year.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance. Accrued but unpaid interest, if any, would not have a material impact on the plan's financial statements.

SUBSEQUENT EVENTS

The COVID-19 outbreak in the United States has caused business disruption, and economic uncertainties have arisen which could negatively affect plan sponsor and plan operations. The COVID-19 outbreak has led to volatility in financial markets and has affected, and may continue to affect, the market prices of the plan's investments. The impact of COVID-19 on the plan sponsor and plan continues to evolve rapidly and its future impact on the plan's net assets available for benefits and changes in net assets available for benefits cannot be reasonably estimated at this time.

Management has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued.

Note 3 - FAIR VALUE MEASUREMENTS

The plan's investments in registered investment companies are reported at fair value in the accompanying Statement of Net Assets Available for Benefits.

		Fair value measurements using:		
December 31, 2019	Fair value	Quoted prices in active markets for identical assets (Level 1)	Other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies	**$ 16,816,225**	**$ 16,816,225**	**$ -**	**$ -**

		Fair value measurements using:		
December 31, 2018	Fair value	Quoted prices in active markets for identical assets (Level 1)	Other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies	$ 13,541,762	$ 13,541,762	$ -	$ -

FASB ASC 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority and Level 3 inputs have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs consists of inputs other than quoted market prices included within Level 1 that are observable for valuing the asset. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. There were no Level 2 or Level 3 inputs used by the plan.

Level 1 Fair Value Measurements

The fair value of registered investment company funds is based on quoted market prices of the shares held by the plan at year-end.

Note 4 - GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Voya Fixed Accounts (the Funds) investment choice are a nontradeable obligation of Voya Retirement Insurance and Annuity Company. The objective of the Funds is to protect against loss of principal while providing returns comparable to money market funds and short-term treasury instruments. Characteristics of this investment allows for principal value to remain stable regardless of the volatility of the financial markets. This contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measurement of fully benefit-responsive investment contracts because this is the amount received by participants if

they were to initiate permitted transactions under the terms of the plan. Contract value represents contributions made, plus earnings, less participant withdrawals, and administrative expenses.

The funds have no stated maturity date. Interest rates are reset monthly as of the beginning of each month, during which a new interest rate is applied daily to the total outstanding balance of the investment. For deposit liabilities with no defined maturities, contract value is the amount payable on demand at the reporting date.

Certain events, such as the premature termination of the contract by the plan or the termination of the plan, may limit the plan's ability to transact at contract value with the issuer. The plan administrator does not believe that the occurrence of such events, which would also limit the plan's ability to transact at contract value with participants, is probable.

Note 5 - INFORMATION CERTIFIED BY TRUSTEE

Voya Institutional Trust Company, plan trustee, certified that the following information included in the financial statements and supplemental schedule is complete and accurate:

- Fair value of investments in registered investment companies
- Contract value of guaranteed interest accounts
- Investment interest and dividend income
- Net appreciation in fair value of investments
- Interest income on notes receivable from participants
- Investments, as reflected in Schedule H, Line 4(i) – Schedule of assets (Held at End of Year)

Note 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of termination, participants remain fully vested in their account balance.

Note 7 - INVESTMENTS

The following table presents the plan's investment that exceeds 20% of the plan's net assets available for benefits at December 31,:

	2019	2018
Voya Fixed Account	**$** *	$ 3,614,869

* Investment represents less than 20% of net assets.

Note 8 - TAX STATUS

The plan's latest determination letter was dated September 1, 2014, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). Once qualified, the plan is required to operate in conformity with the code to maintain its qualification. The plan has been amended to since receiving the determination letter. However, the plan administrator and the plan's tax council believe that as of December 31, 2019 the plan is designed and operated in compliance with the applicable requirements of the Code and therefore, the plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the plan's financial statements.

The plan adopted the provisions of FASB ASC 740-10, Income Taxes, relating to accounting for uncertain tax positions. ASC 740-10 defines a recognition threshold and measurement process for accounting for uncertain tax positions and also provides guidance on various related matters such as interest, penalties, derecognition and disclosures. The plan does not have any plan level uncertain tax positions. The plan files income tax returns in the U.S. federal jurisdiction. The plan administrator believes the plan is no longer subject to U.S. federal examinations by tax authorities for years before 2016.

Note 9 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds and an annuity contract managed by Voya Retirement Life Insurance and Annuity Company, a company associated with the trustee, Voya Institutional Trust Company. Fees paid by the plan for investment management services are included in the net appreciation of investments. These transactions qualify as party-in-interest transactions. Additionally, certain 401(k) advisory committee members participate in the plan and transactions with these individuals may qualify as party-in-interest transactions.

The plan uses the services of an independent public accounting firm to audit the plan. Administrative expenses for the year ended December 31, 2019 includes approximately $11,000 paid to the independent public accounting firm.

SUPPLEMENTARY INFORMATION

Attachment to Form 5500

2019 Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan Name Hardwoods Specialty Products 401(K) Retirement Savings Plan EIN 20-0806324 PN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	VOYA FIXED ACCOUNT	GUARANTEED INTEREST ACCOUNT	**	$ 3,718,543
*	VOYA T. ROWE PRICE GROWTH EQUITY PORTFOLIO	REGISTERED INVESTMENT CO.	**	2,203,783
	AMERICAN FUNDS NEW PERSPECTIVE FUND	REGISTERED INVESTMENT CO.	**	1,556,357
*	VOYA T. ROWE PRICE CAPITAL APPRECIATION PORTFOLIO	REGISTERED INVESTMENT CO.	**	1,453,204
*	VOYA FIXED ACCOUNT (4062)	GUARANTEED INTEREST ACCOUNT	**	1,344,216
*	VOYA U.S. STOCK INDEX PORTFOLIO	REGISTERED INVESTMENT CO.	**	1,260,052
*	VOYA INVESCO GROWTH AND INCOME PORTFOLIO	REGISTERED INVESTMENT CO.	**	998,909
*	VOYA INTERMEDIATE BOND FUND	REGISTERED INVESTMENT CO.	**	845,245
	AMERICAN FUNDS WASHINGTON MUTUAL	REGISTERED INVESTMENT CO.	**	841,533
*	VOYA MID CAP OPPORTUNITIES PORTFOLIO	REGISTERED INVESTMENT CO.	**	833,012
*	VOYA SOLUTION 2045 PORTFOLIO	REGISTERED INVESTMENT CO.	**	806,553
*	VOYA SOLUTION 2025 PORTFOLIO	REGISTERED INVESTMENT CO.	**	790,498
*	VOYA RUSSELL SMALL CAP INDEX PORTFOLIO	REGISTERED INVESTMENT CO.	**	768,984
	AB DISCOUNT VALUE FUND	REGISTERED INVESTMENT CO.	**	596,582
*	VOYA SOLUTION 2055 PORTFOLIO	REGISTERED INVESTMENT CO.	**	544,019
	PGIM HIGH YIELD FUND	REGISTERED INVESTMENT CO.	**	524,319
	T. ROWE PRICE BLUE CHIP GROWTH FUND	REGISTERED INVESTMENT CO.	**	523,947
	OPPENHEIMER INTERNATIONAL GROWTH FUND	REGISTERED INVESTMENT CO.	**	515,819
*	VOYA SOLUTION 2035 PORTFOLIO	REGISTERED INVESTMENT CO.	**	352,259
*	VOYA SOLUTION INCOME	REGISTERED INVESTMENT CO.	**	306,414
*	VOYA SOLUTION 2030 PORTFOLIO	REGISTERED INVESTMENT CO.	**	171,884
*	VOYA SOLUTION 2040 PORTFOLIO	REGISTERED INVESTMENT CO.	**	144,932
	NEUBERG BERM REAL ESTATE FUND	REGISTERED INVESTMENT CO.	**	141,781
*	VOYA SOLUTION 2050 PORTFOLIO	REGISTERED INVESTMENT CO.	**	131,814

* Denotes party-in-interest transaction.

** Cost information not required for participant-directed assets.

The above data, except for participant loans, is based upon information which has been certified as complete and accurate by Voya Institutional Trust Company, plan trustee.

Attachment to Form 5500

2019 Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan Name Hardwoods Specialty Products 401(K) Retirement Savings Plan EIN 20-0806324 PN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	VOYA SOLUTION 2060 PORTFOLIO	REGISTERED INVESTMENT CO.	**	114,689
	PIMCO REAL RETURN FUND	REGISTERED INVESTMENT CO.	**	113,757
*	VOYA SMALL CAP OPPORTUNITIES PORTFOLIO	REGISTERED INVESTMENT CO.	**	90,935
*	VOYA JP MORGAN EMERGING MARKETS EQUITY PORTFOLIO	REGISTERED INVESTMENT CO.	**	85,707
*	VOYA RUSSELL MIDCAP GROWTH INDEX PORTFOLIO	REGISTERED INVESTMENT CO.	**	73,198
*	VOYA SOLUTION 2020 PORTFOLIO	REGISTERED INVESTMENT CO.	**	13,975
*	VOYA COLUMBIA SMALL VAP VALUE II	REGISTERED INVESTMENT CO.	**	10,127
*	VOYA GOVERNMENT MONEY MARKET	REGISTERED INVESTMENT CO.	**	1,937
*	PARTICIPANT LOANS	INTEREST RATE RANGES FROM 4.25% - 7.75%, MATURING BETWEEN 2020-2029, SECURED BY VESTED BALANCE	-0-	233,692
	TOTAL			$ 22,112,676

* Denotes party-in-interest transaction.

** Cost information not required for participant-directed assets.

The above data, except for participant loans, is based upon information which has been certified as complete and accurate by Voya Institutional Trust Company, plan trustee.