

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: CASCADE WOOD PRODUCTS, INC. 401K PLAN
1b Three-digit plan number (PN): 013
1c Effective date of plan: 09/01/1963
2a Plan sponsor's name, mailing address, city, state, and ZIP: CASCADE WOOD PRODUCTS, INC., 8399 14TH STREET, WHITE CITY, OR 97503
2b Employer Identification Number (EIN): 93-0718474
2c Plan Sponsor's telephone number: 541-879-3216
2d Business code (see instructions): 321210

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 132 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 110 |
|   | <b>6a(2)</b>                               | 106 |
|   | <b>6b</b>                                  | 1   |
|   | <b>6c</b>                                  | 24  |
|   | <b>6d</b>                                  | 131 |
|   | <b>6e</b>                                  | 1   |
|   | <b>6f</b>                                  | 132 |
|   | <b>6g(1)</b>                               | 117 |
| <b>6g(2)</b>  | 117  |     |
| <b>6h</b>   | 0  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2S 2T 3D 3H

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> 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)  **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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>CASCADE WOOD PRODUCTS, INC. 401K PLAN</b></p>                               | <p><b>B</b> Three-digit plan number (PN) ▶ <b>013</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>CASCADE WOOD PRODUCTS, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>93-0718474</b></p> |  |

**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  
**AMERICAN UNITED LIFE INSURANCE 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     |
| 35-0145825 | 60895         | G39662                                | 117   | 01/01/2024              | 12/31/2024 |

**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.

|   |  |
|---|--|
| <p><b>(a)</b> Total amount of commissions paid<br/><b>0</b></p> | <p><b>(b)</b> Total amount of fees paid<br/><b>0</b></p> |
|---|--|

**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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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.

|  |          |        |
|--|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 351560 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |        |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ANNUITY CONTRACT

|  |           |         |
|--|-----------|---------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 1817155 |
|--|-----------|---------|

|   |              |        |
|---|--------------|--------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 7775   |
|   | <b>7c(2)</b> |        |
|   | <b>7c(3)</b> | 25227  |
|   | <b>7c(4)</b> | 350387 |
|   | <b>7c(5)</b> | 17     |
| ▶ *   |              |        |

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 383406 |
|---------------------------|--------------|--------|

|   |           |         |
|---|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 2200561 |
|---|-----------|---------|

|  |              |         |
|--|--------------|---------|
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier.....<br>(3) Transferred to separate account ..... | <b>7e(1)</b> | 262044  |
|  | <b>7e(2)</b> |         |
|  | <b>7e(3)</b> | 1586957 |
|  | <b>7e(4)</b> |         |
| ▶  |              |         |

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 1849001 |
|----------------------------|--------------|---------|

|  |           |        |
|--|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b> | 351560 |
|--|-----------|--------|

**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:

|          |  |                 |                 |
|----------|--|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>CASCADE WOOD PRODUCTS, INC. 401K PLAN</b></p>                               | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>013</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>CASCADE WOOD PRODUCTS, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>93-0718474</b></p> |                   |

**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 | 60895         | 553365                                | 117   | 01/01/2024              | 12/31/2024 |

**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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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.

|  |          |     |
|--|----------|-----|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 841 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |     |

**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. .... **6d**  
 Specify nature of costs ▶

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>    | 0                |
| <b>c</b> Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b> | 830              |
|  | <b>7c(2)</b> |                  |
|  | <b>7c(3)</b> | 2                |
|  | <b>7c(4)</b> |                  |
|  | <b>7c(5)</b> | 3                |
| (6) Total additions .....  |              | <b>7c(6)</b> 835 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b>    | 835              |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier.....<br>(3) Transferred to separate account ..... | <b>7e(1)</b> |                  |
|  | <b>7e(2)</b> |                  |
|  | <b>7e(3)</b> |                  |
|  | <b>7e(4)</b> |                  |
| (5) Total deductions .....   |              | <b>7e(5)</b> 0   |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | <b>7f</b>    | 835              |

**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:

|          |  |                 |                 |
|----------|--|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>CASCADE WOOD PRODUCTS, INC. 401K PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ▶                            | <b>013</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CASCADE WOOD PRODUCTS, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>93-0718474</b> |            |

**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)...  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

**AMERICAN UNITED LIFE INSURANCE CO**

**35-0145825**

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

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

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

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

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

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

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

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

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

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**(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50 64<br>37 66 67   | OTHER FEES  | 24970  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ALERA INVESTMENT ADVISORS

81-4473358

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | OTHER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 10909   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

**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 |
|---|--------------------------------------|---|
| ALERA INVESTMENT ADVISORS                               | 99                                   | 109009                                    |

| (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. |  |
|---|--|--|
| VOYA RETIREMENT INSURANCE & ANNUITY<br><br>71-0294708               | OTHER FEES   |  |

| (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.

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>   |  |
| <b>A</b> Name of plan<br><u>CASCADE WOOD PRODUCTS, INC. 401K PLAN</u>                                      | <b>B</b> Three-digit plan number (PN) <u>013</u>                   |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CASCADE WOOD PRODUCTS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>93-0718474</u> |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON ENTERPRISE COLLECTI</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>         |                               |  |
| <b>c</b> EIN-PN <u>38-7289853-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>219235</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON INTL ALPHA EQUITY C</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>    |                               |  |
| <b>c</b> EIN-PN <u>38-7275329-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>206490</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM LARGE CAP VALUE TRUST - CLAS</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM</u>                           |                               |  |
| <b>c</b> EIN-PN <u>82-3639536-275</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>311974</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2015 - CLASS</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI INVESTMENTS DISTRIBUTION CO</u>  |                               |  |
| <b>c</b> EIN-PN <u>85-2959174-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7601</u>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2020 - CLASS</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI INVESTMENTS DISTRIBUTION CO</u>  |                               |  |
| <b>c</b> EIN-PN <u>85-2999137-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1414573</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2025 - CLASS</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI INVESTMENTS DISTRIBUTION CO</u>  |                               |  |
| <b>c</b> EIN-PN <u>85-3015123-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1320783</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2030 - CLASS</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI INVESTMENTS DISTRIBUTION CO</u>  |                               |  |
| <b>c</b> EIN-PN <u>85-3029802-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2223448</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2035 - CLASS

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |         |
|--------------------------------|------------------------|---|---------|
| <b>c</b> EIN-PN 85-3078653-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1383358 |
|--------------------------------|------------------------|---|---------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2040 - CLASS

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 85-3093428-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 112597 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2045 - CLASS

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 85-3115258-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 79231 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2050 - CLASS

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 85-3138760-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 172493 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2055 - CLASS

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 85-3165477-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 70131 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2060 - CLASS

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 85-3177591-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 80318 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2065 - CLASS

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |    |
|--------------------------------|------------------------|---|----|
| <b>c</b> EIN-PN 85-3241339-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 69 |
|--------------------------------|------------------------|---|----|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX RETIREMENT I

**b** Name of sponsor of entity listed in (a): SEI INVESTMENTS DISTRIBUTION CO

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 85-2928955-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 941361 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|



|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>CASCADE WOOD PRODUCTS, INC. 401K PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ <b>013</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CASCADE WOOD PRODUCTS, INC.</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>93-0718474</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

|   | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          | 43739           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          | 8543666         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 8859219         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 1817155         |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         | 35600           |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 10720113              | 10917059        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 10720113              | 10917059        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 235058     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 6083       |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 241141    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 2765       |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2765      |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 37477      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 37477     |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 7487      |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 940561    |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 23233     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 1252664   |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 1030748 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 1030748 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 24970   |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 24970   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 1055718 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 196946 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan .....  | <b>2l(1)</b> |  |        |
| (2) From this plan .....  | <b>2l(2)</b> |  |        |

**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** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BASHAR & JOHNSON P.C.**

(2) EIN: **93-1017343**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> 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.)                 |     | X  |        |
| <b>b</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.) |     | X  |        |
| <b>c</b> 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.)   |     | X  |        |
| <b>d</b> 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.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> 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?   |     | X  |        |
| <b>h</b> 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?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> 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.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> 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.  |     |    |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>CASCADE WOOD PRODUCTS, INC. 401K PLAN</u>                               | <b>B</b> Three-digit plan number (PN) ▶                            | <u>013</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CASCADE WOOD PRODUCTS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>93-0718474</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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 35-0145285

**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 |  |
|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

**CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN**

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**FINANCIAL STATEMENTS**

**Years ended December 31, 2024 and 2023**

**with**

**INDEPENDENT AUDITOR'S REPORT**

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## **INDEPENDENT AUDITOR'S REPORT**

Administrative Committee of  
Cascade Wood Products, Inc. 401 (k) Plan  
White City, Oregon

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Cascade Wood Products, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Cascade Wood Products, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Voya Institutional Trust Company as of December 31, 2024 and for the period from October 26, 2024 to December 31, 2024, and American United Life Insurance Company as of December 31, 2023 and for the period from January 1, 2024 to October 25, 2024 stating that the certified investment information, as described in Notes 3 and 4 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cascade Wood Products, Inc. 401 (k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cascade Wood Products, Inc. 401 (k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cascade Wood Products, Inc. 401 (k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cascade Wood Products, Inc. 401 (k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at year end) and of reportable transactions as of December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records

used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Bashar E. Johnson, P.C.*

Beaverton, Oregon  
September 26, 2025

**CASCADE WOOD PRODUCTS, INC.**  
**401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2024 and 2023**

| ASSETS  | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| <b>Investments, at fair value (Note 3):</b>     |                      |                      |
| <b>Pooled separate account investments:</b>     |                      |                      |
| Amercent Midcap Val R6                          | \$ 21,859            | \$ 102,066           |
| Amerfds Europac Grth R6                         | -                    | 251,568              |
| Mid-Cap Gro Equity K                            | -                    | 296,760              |
| Franklin Small Cap Value R6                     | 175,246              | 208,801              |
| Jan Hen Triton N                                | -                    | 235,456              |
| MFS Growth R6                                   | -                    | 469,309              |
| Neubergerberman Large Cap Value R6              | -                    | 350,656              |
| Neuberger Berm Genesis Fund R6                  | 167,817              | -                    |
| Pioneer Strat Inc K                             | -                    | 166,784              |
| PIMCO Income Fund Ins                           | 253,314              | -                    |
| Vanguard 500 Index Adm                          | -                    | 563,159              |
| Victory NASDAQ 100 Index R6                     | 583,662              | -                    |
| Voya Gv Mny Mkt F A (Hld Acct)                  | 5,965                | -                    |
| Voya Intermediate Bond Fund R6                  | 373,134              | -                    |
| iShares S&P 500 Index Fund K                    | 404,401              | -                    |
|   | <u>1,985,398</u>     | <u>2,644,559</u>     |
| <b>Common collective trusts:</b>                |                      |                      |
| Janus Hnd Intl Alpha Eq CF III                  | 206,490              | -                    |
| Janus Hndrsn Enterprise CF III                  | 219,236              | -                    |
| Nuveen TIAA LC IDX 2015 J                       | 7,602                | 6,088                |
| Nuveen TIAA LC IDX 2020 J                       | 1,414,573            | 1,439,326            |
| Nuveen TIAA LC IDX 2025 J                       | 1,320,783            | 1,310,608            |
| Nuveen TIAA LC IDX 2030 J                       | 2,223,448            | 1,466,176            |
| Nuveen TIAA LC IDX 2035 J                       | 1,383,358            | 706,411              |
| Nuveen TIAA LC IDX 2040 J                       | 112,597              | 120,139              |
| Nuveen TIAA LC IDX 2045 J                       | 79,231               | 41,799               |
| Nuveen TIAA LC IDX 2050 J                       | 172,493              | 165,298              |
| Nuveen TIAA LC IDX 2055 J                       | 70,131               | 49,921               |
| Nuveen TIAA LC IDX 2060 J                       | 80,318               | 14,423               |
| Nuveen TIAA LC IDX 2065 J                       | 70                   | -                    |
| Nuveen TIAA LC IDX Ret INC J                    | 941,361              | 894,471              |
| Putnam Large Cap Value Trust I                  | 311,975              | -                    |
|   | <u>8,543,666</u>     | <u>6,214,660</u>     |
| <b>Total investments at fair value</b>          | <u>10,529,064</u>    | <u>8,859,219</u>     |
| <b>Investments, at contract value (Note 4):</b> |                      |                      |
| Insurance company guaranteed interest account:  |                      |                      |
| Voya Fixed Account                              | 352,395              | -                    |
| AUL Stable Value Account                        | -                    | 1,817,155            |
| Notes receivable from participants              | 35,600               | 43,739               |
| <b>Total assets</b>                             | <u>10,917,059</u>    | <u>10,720,113</u>    |
| <b>Net assets available for benefits</b>        | <u>\$ 10,917,059</u> | <u>\$ 10,720,113</u> |

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

**CASCADE WOOD PRODUCTS, INC.**  
**401(k) PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Years ended December 31, 2024 and 2023**

|  | <u>2024</u>                 | <u>2023</u>                 |
|--|-----------------------------|-----------------------------|
| Additions (deductions) in net assets attributed to:          |                             |                             |
| Investment income:   |                             |                             |
| Net appreciation (depreciation) in fair value of investments | \$ 971,281                  | \$ 1,202,069                |
| Dividend and interest income                                 | <u>37,477</u>               | <u>28,534</u>               |
| Total investment income (loss)                               | 1,008,758                   | 1,230,603                   |
| Interest income on notes receivable from participants        | 2,765                       | 3,168                       |
| Contributions:   |                             |                             |
| Employers  | -                           | -                           |
| Employees  | 235,058                     | 229,907                     |
| Rollovers  | <u>6,083</u>                | <u>-</u>                    |
| Total contributions  | <u>241,141</u>              | <u>229,907</u>              |
| Total additions (deductions)                                 | <u>1,252,664</u>            | <u>1,463,678</u>            |
| Deductions from net assets attributed to:                    |                             |                             |
| Benefits paid to participants                                | 1,030,748                   | 821,358                     |
| Administrative expenses                                      | <u>24,970</u>               | <u>1,329</u>                |
| Total deductions   | 1,055,718                   | 822,687                     |
| NET INCREASE (DECREASE)                                      | <u>196,946</u>              | <u>640,991</u>              |
| Net assets available for benefits:                           |                             |                             |
| Beginning of year  | <u>10,720,113</u>           | <u>10,079,122</u>           |
| End of year  | \$ <u><u>10,917,059</u></u> | \$ <u><u>10,720,113</u></u> |

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

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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1. Description of Plan

The following description of Cascade Wood Products, Inc. (“Company”) 401(k) plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was established in 1963 to provide retirement, death and disability benefits for eligible employees. The Plan is a defined contribution plan, and effective September 1, 1991, the Plan was amended to adopt the provisions of a profit-sharing plan under Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

For the years ended December 31, 2024 and 2023, the Plan is funded with a group annuity contract (“the Contract”) issued by Voya Retirement Insurance and Annuity Company (VRIAC) and American United Life Insurance Company (AUL). The contract offers a fixed interest investment option (a guaranteed investment contract) (see Note 4) and variable investment options through pooled separate account investments (see Note 3).

Eligibility and Contributions

All employees who have attained age twenty-one (21) and have completed one year of service are eligible to participate as of the first plan entry date, January 1, April 1, July 1, or October 1 immediately following the completion of the eligibility conditions.

Upon becoming eligible to participate in the Plan, a participant will be deemed to have entered into a salary deferral election for each payroll period, unless the participant completes a salary deferral election to elect a different contribution amount (including an election not to defer under the Plan). The automatic deferral begins at 1% of Plan compensation. The automatic deferral amount will increase 1% each year until it reaches 10% of Plan compensation. Plan compensation excludes bonuses, overtime, deferred compensation and fringe benefits.

The automatic deferral provisions apply to all eligible participants who do not enter into a salary deferral election. The automatic deferral provisions apply to all current participants who have not entered into a salary deferral election (including an election not to defer under the Plan).

Notes Receivable from Participants

The Plan allows participants to borrow from their non-forfeitable accrued benefit account balance. The loan cannot exceed the lesser of 50% of the non-forfeitable account balance or

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

1. Description of Plan, Continued

Notes Receivable from Participants, Continued

\$50,000. The amount that can be borrowed may not be less than \$1,000 and cannot exceed maximums stated for specific purposes.

The loans bear interest at 2% over the prime rate and provide for payments through biweekly payroll deductions under a level amortization schedule, over a term not to exceed five years, except for a home loan for which the repayment term may not exceed ten years. A participant may not have more than one loan at any one time. The loans are secured by the balance in the participants' accounts.

Participant Accounts and Vesting

Separate account balances are maintained for participants and are credited with employee (Employee Fund) and employer (Employer Fund) contributions. Earnings or losses of the plan are allocated to both accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. An employee is fully vested at all times in his Employee Fund account. Vesting occurs as follows in the Employer Fund:

| <u>Years of Service</u> | <u>Non-forfeitable Percentage</u> |
|-------------------------|-----------------------------------|
| 1 or less               | 0%                                |
| 2                       | 20%                               |
| 3                       | 40%                               |
| 4                       | 60%                               |
| 5                       | 80%                               |
| 6 or more               | 100%                              |

Forfeitures in the Employer Fund cannot be used to offset the employer's contributions. Forfeitures of Employer Fund remaining after Plan expenses are allocated as additional matching or profit sharing contribution.

Payments of Benefits

Upon termination of service, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested account balance or periodic installments if the account balance exceeds \$7,000. The participant will receive a lump sum amount if the vested balance is less than \$7,000.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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1. Description of Plan, Continued

Payments of Benefits, Continued

In-service distributions may be made to a participant who has not separated from service provided the participant has attained an age of 59 ½ .

Investment Options

All investments are participant-directed. A participant may direct employee and employer contributions in one percent increments in any of several investment options. Participants may change their investment options quarterly.

2. Summary of Accounting Policies

Use of Estimates

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

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilized information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements. 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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2. Summary of Accounting Policies, Continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based on the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Prior Year Reclassifications

Certain reclassifications have been made to the 2023 financial statements to conform with the current year's financial statements. The reclassifications had no effect on the reported changes in net assets available for benefits or net assets available for benefits.

Certified Investments

Information related to investments disclosed in the financial statements and supplementary information, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Voya Institutional Trust Company, American United Life Insurance Company and by Reliance Trust Company, the trustees of the Plan.

Date of Management's Review

Subsequent events have been evaluated through September 26, 2025, the date the financial statements were available to be issued.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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3. Investments at Fair Value

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets
- b. Quoted prices for identical or similar assets or liabilities in inactive markets
- c. Inputs other than quoted prices that are observable for the asset or liability
- d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Pooled separate account investments: The Plan holds units of participation in pooled separate accounts, which invest in underlying funds, and are valued daily at their accumulation unit value. Accumulation unit value is determined based on the net asset values of the underlying funds, which are generally quoted in active markets, adjusted for any dividends or distributions received and the contract's separate account charges. Each investment account is invested exclusively in shares of mutual funds or other investment entities as directed by the contract holder and/or the participant.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

3. Investments at Fair Value, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                      | Assets at Fair Value at December 31, 2024 |             |                     |             |
|--------------------------------------|---|-------------|---------------------|-------------|
|                                      | Total                                     | Level 1     | Level 2             | Level 3     |
| Pooled separate account investments: |   |             |                     |             |
| Fixed income                         | \$ 626,448                                | \$ -        | \$ 626,448          | \$ -        |
| Equity                               | <u>1,358,950</u>                          | -           | <u>1,358,950</u>    | -           |
|                                      | 1,985,398                                 |             | 1,985,398           |             |
| Common collective trusts             | <u>8,543,666</u>                          | -           | <u>8,543,666</u>    | -           |
| Investments at fair value            | <u>\$10,529,064</u>                       | <u>\$ -</u> | <u>\$10,529,064</u> | <u>\$ -</u> |

|                                      | Assets at Fair Value at December 31, 2023 |             |                    |             |
|--------------------------------------|---|-------------|--------------------|-------------|
|                                      | Total                                     | Level 1     | Level 2            | Level 3     |
| Pooled separate account investments: |   |             |                    |             |
| Fixed income                         | \$ 166,784                                | \$ -        | \$ 166,784         | \$ -        |
| Equity                               | <u>2,477,775</u>                          | -           | <u>2,477,775</u>   | -           |
|                                      | 2,644,559                                 |             | 2,644,559          |             |
| Common collective trusts             | <u>6,214,660</u>                          | -           | <u>6,214,660</u>   | -           |
| Investments at fair value            | <u>\$8,859,219</u>                        | <u>\$ -</u> | <u>\$8,859,219</u> | <u>\$ -</u> |

There were no significant transfers between Level 2 and other levels for the years ended December 31, 2024 and 2023.

4. Investment Contracts with Insurance Companies

Voya Fixed Account

In October 2024, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract, "Voya Fixed Account" with Voya Retirement Insurance and Annuity Company (VRIAC). In October 2024 Plan assets were transferred from AUL to VRIAC. The guaranteed interest rate was 2.25% for the year ended December 31, 2024.

American United Life (AUL) Stable Value Account

Prior to Voya Retirement Insurance and Annuity Company, the Plan had entered into a traditional fully benefit responsive guaranteed investment contract with American United Life (AUL Stable Value Account). The AUL SVA guaranteed interest rate was 2.25% and 1.75% for the years ended December 31, 2024, and 2023, respectively.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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4. Investment Contract with Insurance Company, Continued

American United Life (AUL) Stable Value Account, Continued

The Plan has entered into a traditional fully benefit-responsive guaranteed investment contract, “Stable Value Account”, with American United Life (“AUL SVA”). American United Life maintains the contributions in a general asset account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The book value account interest rate is adjusted annually. Each year at least 35 days prior to January 1, the issuer declares a guaranteed interest rate for the AUL SVA that is applicable for the subsequent calendar year.

The Voya Fixed Account and AUL Stable Value account contract meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The Plan’s ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on Voya Institutional Trust Company and American United Life’s ability to meet its financial obligations. Voya Institutional Trust Company and American United Life’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with Voya Institutional Trust Company and American United Life. Examples of such events include the following:

1. The Plan’s failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contract.
3. Plan termination or merger.
4. Changes to the Plan’s prohibition on competing investment options.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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4. Investment Contract with Insurance Company, Continued

5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow Voya Institutional Trust Company and American United Life to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines.
2. A breach of material obligation under the contract.
3. A termination or partial termination of the Plan.
4. Communication by the Plan sponsor or by Voya Institutional Trust Company or American United Life that the agreement will be terminated.

5. Forfeited Accounts

Forfeitures of employer contributions remaining after Plan expenses are allowable as additional matching or profit sharing contribution. During the years ended December 31, 2024 and 2023, forfeitures were \$-0- and \$-0-, respectively.

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 plan termination, participants will become 100 percent vested in their accounts.

7. Income Taxes

The Internal Revenue Service has determined and informed the Company by letter dated August 19, 2020, that the Plan and related trust are designed in accordance with applicable sections of

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

7. Income Taxes, Continued

the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore believes that the Plan is qualified and that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

8. Related Party Transactions and Party In Interest Transactions

Cascade Wood Products, Inc. provides certain accounting and administrative services to the Plan for which no fees are charged. This party in-interest transaction is exempt from the prohibited transaction rules of ERISA.

Voya Institutional Trust Company is the trustee and record keeper for the Plan and, therefore, these transactions qualify as party in interest transactions. Voya Institutional Trust Company provides certain administrative services to the Plan pursuant to a master plan services agreement. Voya Institutional Trust Company receives revenue from mutual funds and separate investment account service providers for services Voya Institutional Trust Company provides to the funds.

Plan investments are managed from October 26, 2024 to December 31, 2024 by Voya Retirement Insurance Annuity Company with Voya Institutional Trust Company, as the trustee of the Plan.

Plan investments are managed from January 1, 2023 to October 25, 2024 by American United Life Insurance Company, its subsidiaries and affiliates, the trustee.

American United Life Insurance Company is the trustee and record keeper for the Plan and, therefore, these transactions qualify as party in interest transactions. American United Life Insurance Company provides certain administrative services to the Plan pursuant to a master plan services agreement. American United Life Insurance Company receives revenue from mutual funds and separate investment account service providers for services American United Life Insurance Company provides to the funds.

January 1, 2023 to October 25, 2024 Reliance Trust Company served as a directed trustee of the plan under an agreement to provide selected fiduciary services.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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8. Related Party Transactions and Party In Interest Transactions, Continued

All of these party-in-interest transactions are exempt from prohibited transaction rules of ERISA.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**SUPPLEMENTARY INFORMATION**

CASCADE WOOD PRODUCTS, INC. 401K Plan  
EID No. 93-0718474 Plan No. 013  
SCHEDULE H, LINE 4i

SCHEDULES OF ASSETS (HELD AT YEAR END)

December 31, 2024 and 2023

| (a) | (b) Identity of issue,<br>borrower, lessor,<br>or similar party | (c) Description of investment, including<br>maturity date, rate of interest, par or<br>maturity value | 2024          |                      | 2023          |                      |
|-----|---|---|---------------|----------------------|---------------|----------------------|
|     |   |   | (d)<br>Cost** | (e) Current<br>Value | (d)<br>Cost** | (e) Current<br>Value |
|     | Amercent Midcap Val R6  | Registered Investment Company   | \$            | 21,859               | \$            | 102,066              |
|     | Amerfds Europac Grth R6   | Registered Investment Company   |               | -                    |               | 251,568              |
|     | Mid-Cap Gro Equity K  | Registered Investment Company   |               | -                    |               | 296,760              |
|     | Franklin Small Cap Value R6                                     | Registered Investment Company   |               | 175,246              |               | 208,801              |
|     | Jan Hen Triton N  | Registered Investment Company   |               | -                    |               | 235,456              |
|     | MFS Growth R6   | Registered Investment Company   |               | -                    |               | 469,309              |
|     | Neubergerberman Large Cap Value R6                              | Registered Investment Company   |               | -                    |               | 350,656              |
|     | Neubergerberman Genesis Fund R6                                 | Registered Investment Company   |               | 167,817              |               | -                    |
|     | Pioneer Strat Inc K   | Registered Investment Company   |               | -                    |               | 166,784              |
|     | PIMCO Income Fund Ins   | Registered Investment Company   |               | 253,314              |               | -                    |
|     | 500 Index Adm   | Registered Investment Company   |               | -                    |               | 563,159              |
|     | Victory NASDAQ 100 Index R6                                     | Registered Investment Company   |               | 583,662              |               | -                    |
|     | Voya Gv Mny Mkt F A (Hld Acct)                                  | Registered Investment Company   |               | 5,965                |               | -                    |
|     | Voya Intermediate Bond Fund R6                                  | Registered Investment Company   |               | 373,134              |               | -                    |
|     | iShares S&P 500 Index Fund K                                    | Registered Investment Company   |               | 404,401              |               | -                    |
|     | Janus Hnd Intl Alpha Eq CF III                                  | Common Collective Trust   |               | 206,490              |               | -                    |
|     | Janus Hndrsn Enterprise CF III                                  | Common Collective Trust   |               | 219,236              |               | -                    |
|     | Nuveen TIAA LC IDX 2015 J                                       | Common Collective Trust   |               | 7,602                |               | 6,088                |
|     | Nuveen TIAA LC IDX 2020 J                                       | Common Collective Trust   |               | 1,414,573            |               | 1,439,326            |
|     | Nuveen TIAA LC IDX 2025 J                                       | Common Collective Trust   |               | 1,320,783            |               | 1,310,608            |
|     | Nuveen TIAA LC IDX 2030 J                                       | Common Collective Trust   |               | 2,223,448            |               | 1,466,176            |
|     | Nuveen TIAA LC IDX 2035 J                                       | Common Collective Trust   |               | 1,383,358            |               | 706,411              |
|     | Nuveen TIAA LC IDX 2040 J                                       | Common Collective Trust   |               | 112,597              |               | 120,139              |
|     | Nuveen TIAA LC IDX 2045 J                                       | Common Collective Trust   |               | 79,231               |               | 41,799               |
|     | Nuveen TIAA LC IDX 2050 J                                       | Common Collective Trust   |               | 172,493              |               | 165,298              |
|     | Nuveen TIAA LC IDX 2055 J                                       | Common Collective Trust   |               | 70,131               |               | 49,921               |
|     | Nuveen TIAA LC IDX 2060 J                                       | Common Collective Trust   |               | 80,318               |               | 14,423               |
|     | Nuveen TIAA LC IDX 2065 J                                       | Common Collective Trust   |               | 70                   |               | -                    |
|     | Nuveen TIAA LC IDX Ret INC J                                    | Common Collective Trust   |               | 941,361              |               | 894,471              |
|     | Putnam Large Cap Value Trust I                                  | Common Collective Trust   |               | 311,975              |               | -                    |
|     |   |   |               | 10,529,064           |               | 8,859,219            |
|     | Insurance (AUL)   | AUL Stable Value Account (GIA)  |               | -                    |               | 1,817,155            |
|     | Insurance Company General Account                               | Voya Fixed Account  |               | 352,395              |               | -                    |
|     | Participant loans   | Range of interest rates 5.25% - 10.50%  |               | 35,600               |               | 43,739               |
|     |   |   | \$            | 10,917,059           | \$            | 10,720,113           |

\*\* Information is not required; all investments are participant directed.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN  
EID No. 93-0718474 Plan No. 013  
SCHEDULE OF REPORTABLE TRANSACTIONS

Years ended December 31, 2024 and 2023

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There were no reportable transactions during the years ended December 31, 2024 and 2023. All transactions were participant directed.



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

CASCADE WOOD PRODUCTS, INC. 401(K) PLAN

EIN#93-0718474

Plan# 013

As of December 31, 2024

| (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 |
|-----|--|---|----------|-------------------|
|     | AmCen Mid Cap Value Fund R6                              | Registered Investment Company   |          | \$21,859          |
|     | Franklin Sm Cap Value Fnd R6                             | Registered Investment Company   |          | \$175,246         |
|     | Janus Hnd Intl Alpha Eq CF III                           | Common Collective Trust   |          | \$206,490         |
|     | Janus Hndrsn Enterprise CF III                           | Common Collective Trust   |          | \$219,236         |
|     | Neuberg Berm Genesis Fund R6                             | Registered Investment Company   |          | \$167,817         |
|     | Nuveen Lifecycle Idx 2015 J                              | Common Collective Trust   |          | \$7,602           |
|     | Nuveen Lifecycle Idx 2020 J                              | Common Collective Trust   |          | \$1,414,573       |
|     | Nuveen Lifecycle Idx 2025 J                              | Common Collective Trust   |          | \$1,320,783       |
|     | Nuveen Lifecycle Idx 2030 J                              | Common Collective Trust   |          | \$2,223,448       |
|     | Nuveen Lifecycle Idx 2035 J                              | Common Collective Trust   |          | \$1,383,358       |
|     | Nuveen Lifecycle Idx 2040 J                              | Common Collective Trust   |          | \$112,597         |
|     | Nuveen Lifecycle Idx 2045 J                              | Common Collective Trust   |          | \$79,231          |
|     | Nuveen Lifecycle Idx 2050 J                              | Common Collective Trust   |          | \$172,493         |
|     | Nuveen Lifecycle Idx 2055 J                              | Common Collective Trust   |          | \$70,131          |
|     | Nuveen Lifecycle Idx 2060 J                              | Common Collective Trust   |          | \$80,318          |
|     | Nuveen Lifecycle Idx 2065 J                              | Common Collective Trust   |          | \$69              |
|     | Nuveen Lifecycle Idx Ret Inc J                           | Common Collective Trust   |          | \$941,361         |
|     | PIMCO Income Fund Ins                                    | Registered Investment Company   |          | \$253,314         |
|     | Putnam Large Cap Value Trust I                           | Common Collective Trust   |          | \$311,975         |
|     | Victory NASDAQ 100 Index R6                              | Registered Investment Company   |          | \$583,662         |
| *   | Voya Fixed Account (4450)                                | Insurance Company General Account   |          | \$352,395         |
| *   | Voya Gv Mny Mkt F A (Hld Acct)                           | Registered Investment Company   |          | \$5,964           |



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

CASCADE WOOD PRODUCTS, INC. 401(K) PLAN

EIN#93-0718474

Plan# 013

|   |                                |   |  |              |
|---|--------------------------------|---|--|--------------|
| * | Voya Intermediate Bond Fund R6 | Registered Investment Company             |  | \$373,134    |
|   | iShares S&P 500 Index Fund K   | Registered Investment Company             |  | \$404,401    |
|   | LOAN FUND                      | Participant Loans - Rates 5.25% to 10.50% |  | \$35,600     |
|   |                                | TOTAL                                     |  | \$10,917,059 |

\* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.

**CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN**

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**FINANCIAL STATEMENTS**

**Years ended December 31, 2024 and 2023**

**with**

**INDEPENDENT AUDITOR'S REPORT**

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## **INDEPENDENT AUDITOR'S REPORT**

Administrative Committee of  
Cascade Wood Products, Inc. 401 (k) Plan  
White City, Oregon

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Cascade Wood Products, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Cascade Wood Products, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Voya Institutional Trust Company as of December 31, 2024 and for the period from October 26, 2024 to December 31, 2024, and American United Life Insurance Company as of December 31, 2023 and for the period from January 1, 2024 to October 25, 2024 stating that the certified investment information, as described in Notes 3 and 4 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cascade Wood Products, Inc. 401 (k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cascade Wood Products, Inc. 401 (k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cascade Wood Products, Inc. 401 (k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cascade Wood Products, Inc. 401 (k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at year end) and of reportable transactions as of December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records

used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Bashar E. Johnson, P.C.*

Beaverton, Oregon  
September 26, 2025

**CASCADE WOOD PRODUCTS, INC.**  
**401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2024 and 2023**

| ASSETS  | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| <b>Investments, at fair value (Note 3):</b>     |                      |                      |
| <b>Pooled separate account investments:</b>     |                      |                      |
| Amercent Midcap Val R6                          | \$ 21,859            | \$ 102,066           |
| Amerfds Europac Grth R6                         | -                    | 251,568              |
| Mid-Cap Gro Equity K                            | -                    | 296,760              |
| Franklin Small Cap Value R6                     | 175,246              | 208,801              |
| Jan Hen Triton N                                | -                    | 235,456              |
| MFS Growth R6                                   | -                    | 469,309              |
| Neubergerberman Large Cap Value R6              | -                    | 350,656              |
| Neuberger Berm Genesis Fund R6                  | 167,817              | -                    |
| Pioneer Strat Inc K                             | -                    | 166,784              |
| PIMCO Income Fund Ins                           | 253,314              | -                    |
| Vanguard 500 Index Adm                          | -                    | 563,159              |
| Victory NASDAQ 100 Index R6                     | 583,662              | -                    |
| Voya Gv Mny Mkt F A (Hld Acct)                  | 5,965                | -                    |
| Voya Intermediate Bond Fund R6                  | 373,134              | -                    |
| iShares S&P 500 Index Fund K                    | 404,401              | -                    |
|   | <u>1,985,398</u>     | <u>2,644,559</u>     |
| <b>Common collective trusts:</b>                |                      |                      |
| Janus Hnd Intl Alpha Eq CF III                  | 206,490              | -                    |
| Janus Hndrsn Enterprise CF III                  | 219,236              | -                    |
| Nuveen TIAA LC IDX 2015 J                       | 7,602                | 6,088                |
| Nuveen TIAA LC IDX 2020 J                       | 1,414,573            | 1,439,326            |
| Nuveen TIAA LC IDX 2025 J                       | 1,320,783            | 1,310,608            |
| Nuveen TIAA LC IDX 2030 J                       | 2,223,448            | 1,466,176            |
| Nuveen TIAA LC IDX 2035 J                       | 1,383,358            | 706,411              |
| Nuveen TIAA LC IDX 2040 J                       | 112,597              | 120,139              |
| Nuveen TIAA LC IDX 2045 J                       | 79,231               | 41,799               |
| Nuveen TIAA LC IDX 2050 J                       | 172,493              | 165,298              |
| Nuveen TIAA LC IDX 2055 J                       | 70,131               | 49,921               |
| Nuveen TIAA LC IDX 2060 J                       | 80,318               | 14,423               |
| Nuveen TIAA LC IDX 2065 J                       | 70                   | -                    |
| Nuveen TIAA LC IDX Ret INC J                    | 941,361              | 894,471              |
| Putnam Large Cap Value Trust I                  | 311,975              | -                    |
|   | <u>8,543,666</u>     | <u>6,214,660</u>     |
| <b>Total investments at fair value</b>          | <u>10,529,064</u>    | <u>8,859,219</u>     |
| <b>Investments, at contract value (Note 4):</b> |                      |                      |
| Insurance company guaranteed interest account:  |                      |                      |
| Voya Fixed Account                              | 352,395              | -                    |
| AUL Stable Value Account                        | -                    | 1,817,155            |
| Notes receivable from participants              | 35,600               | 43,739               |
| <b>Total assets</b>                             | <u>10,917,059</u>    | <u>10,720,113</u>    |
| <b>Net assets available for benefits</b>        | <u>\$ 10,917,059</u> | <u>\$ 10,720,113</u> |

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

**CASCADE WOOD PRODUCTS, INC.**  
**401(k) PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Years ended December 31, 2024 and 2023**

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| Additions (deductions) in net assets attributed to:          |                      |                      |
| Investment income:   |                      |                      |
| Net appreciation (depreciation) in fair value of investments | \$ 971,281           | \$ 1,202,069         |
| Dividend and interest income                                 | <u>37,477</u>        | <u>28,534</u>        |
| Total investment income (loss)                               | 1,008,758            | 1,230,603            |
| Interest income on notes receivable from participants        | 2,765                | 3,168                |
| Contributions:   |                      |                      |
| Employers  | -                    | -                    |
| Employees  | 235,058              | 229,907              |
| Rollovers  | <u>6,083</u>         | <u>-</u>             |
| Total contributions  | <u>241,141</u>       | <u>229,907</u>       |
| Total additions (deductions)                                 | <u>1,252,664</u>     | <u>1,463,678</u>     |
| Deductions from net assets attributed to:                    |                      |                      |
| Benefits paid to participants                                | 1,030,748            | 821,358              |
| Administrative expenses                                      | <u>24,970</u>        | <u>1,329</u>         |
| Total deductions   | 1,055,718            | 822,687              |
| NET INCREASE (DECREASE)                                      | <u>196,946</u>       | <u>640,991</u>       |
| Net assets available for benefits:                           |                      |                      |
| Beginning of year  | <u>10,720,113</u>    | <u>10,079,122</u>    |
| End of year  | <u>\$ 10,917,059</u> | <u>\$ 10,720,113</u> |

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

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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1. Description of Plan

The following description of Cascade Wood Products, Inc. (“Company”) 401(k) plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was established in 1963 to provide retirement, death and disability benefits for eligible employees. The Plan is a defined contribution plan, and effective September 1, 1991, the Plan was amended to adopt the provisions of a profit-sharing plan under Section 401(k) of the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

For the years ended December 31, 2024 and 2023, the Plan is funded with a group annuity contract (“the Contract”) issued by Voya Retirement Insurance and Annuity Company (VRIAC) and American United Life Insurance Company (AUL). The contract offers a fixed interest investment option (a guaranteed investment contract) (see Note 4) and variable investment options through pooled separate account investments (see Note 3).

Eligibility and Contributions

All employees who have attained age twenty-one (21) and have completed one year of service are eligible to participate as of the first plan entry date, January 1, April 1, July 1, or October 1 immediately following the completion of the eligibility conditions.

Upon becoming eligible to participate in the Plan, a participant will be deemed to have entered into a salary deferral election for each payroll period, unless the participant completes a salary deferral election to elect a different contribution amount (including an election not to defer under the Plan). The automatic deferral begins at 1% of Plan compensation. The automatic deferral amount will increase 1% each year until it reaches 10% of Plan compensation. Plan compensation excludes bonuses, overtime, deferred compensation and fringe benefits.

The automatic deferral provisions apply to all eligible participants who do not enter into a salary deferral election. The automatic deferral provisions apply to all current participants who have not entered into a salary deferral election (including an election not to defer under the Plan).

Notes Receivable from Participants

The Plan allows participants to borrow from their non-forfeitable accrued benefit account balance. The loan cannot exceed the lesser of 50% of the non-forfeitable account balance or

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

1. Description of Plan, Continued

Notes Receivable from Participants, Continued

\$50,000. The amount that can be borrowed may not be less than \$1,000 and cannot exceed maximums stated for specific purposes.

The loans bear interest at 2% over the prime rate and provide for payments through biweekly payroll deductions under a level amortization schedule, over a term not to exceed five years, except for a home loan for which the repayment term may not exceed ten years. A participant may not have more than one loan at any one time. The loans are secured by the balance in the participants' accounts.

Participant Accounts and Vesting

Separate account balances are maintained for participants and are credited with employee (Employee Fund) and employer (Employer Fund) contributions. Earnings or losses of the plan are allocated to both accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. An employee is fully vested at all times in his Employee Fund account. Vesting occurs as follows in the Employer Fund:

| <u>Years of Service</u> | <u>Non-forfeitable Percentage</u> |
|-------------------------|-----------------------------------|
| 1 or less               | 0%                                |
| 2                       | 20%                               |
| 3                       | 40%                               |
| 4                       | 60%                               |
| 5                       | 80%                               |
| 6 or more               | 100%                              |

Forfeitures in the Employer Fund cannot be used to offset the employer's contributions. Forfeitures of Employer Fund remaining after Plan expenses are allocated as additional matching or profit sharing contribution.

Payments of Benefits

Upon termination of service, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested account balance or periodic installments if the account balance exceeds \$7,000. The participant will receive a lump sum amount if the vested balance is less than \$7,000.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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1. Description of Plan, Continued

Payments of Benefits, Continued

In-service distributions may be made to a participant who has not separated from service provided the participant has attained an age of 59 ½ .

Investment Options

All investments are participant-directed. A participant may direct employee and employer contributions in one percent increments in any of several investment options. Participants may change their investment options quarterly.

2. Summary of Accounting Policies

Use of Estimates

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

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilized information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements. 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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2. Summary of Accounting Policies, Continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based on the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Prior Year Reclassifications

Certain reclassifications have been made to the 2023 financial statements to conform with the current year's financial statements. The reclassifications had no effect on the reported changes in net assets available for benefits or net assets available for benefits.

Certified Investments

Information related to investments disclosed in the financial statements and supplementary information, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Voya Institutional Trust Company, American United Life Insurance Company and by Reliance Trust Company, the trustees of the Plan.

Date of Management's Review

Subsequent events have been evaluated through September 26, 2025, the date the financial statements were available to be issued.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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3. Investments at Fair Value

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets
- b. Quoted prices for identical or similar assets or liabilities in inactive markets
- c. Inputs other than quoted prices that are observable for the asset or liability
- d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Pooled separate account investments: The Plan holds units of participation in pooled separate accounts, which invest in underlying funds, and are valued daily at their accumulation unit value. Accumulation unit value is determined based on the net asset values of the underlying funds, which are generally quoted in active markets, adjusted for any dividends or distributions received and the contract's separate account charges. Each investment account is invested exclusively in shares of mutual funds or other investment entities as directed by the contract holder and/or the participant.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

3. Investments at Fair Value, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                      | Assets at Fair Value at December 31, 2024 |             |                     |             |
|--------------------------------------|---|-------------|---------------------|-------------|
|                                      | Total                                     | Level 1     | Level 2             | Level 3     |
| Pooled separate account investments: |   |             |                     |             |
| Fixed income                         | \$ 626,448                                | \$ -        | \$ 626,448          | \$ -        |
| Equity                               | <u>1,358,950</u>                          | -           | <u>1,358,950</u>    | -           |
|                                      | 1,985,398                                 |             | 1,985,398           |             |
| Common collective trusts             | <u>8,543,666</u>                          | -           | <u>8,543,666</u>    | -           |
| Investments at fair value            | <u>\$10,529,064</u>                       | <u>\$ -</u> | <u>\$10,529,064</u> | <u>\$ -</u> |

|                                      | Assets at Fair Value at December 31, 2023 |             |                    |             |
|--------------------------------------|---|-------------|--------------------|-------------|
|                                      | Total                                     | Level 1     | Level 2            | Level 3     |
| Pooled separate account investments: |   |             |                    |             |
| Fixed income                         | \$ 166,784                                | \$ -        | \$ 166,784         | \$ -        |
| Equity                               | <u>2,477,775</u>                          | -           | <u>2,477,775</u>   | -           |
|                                      | 2,644,559                                 |             | 2,644,559          |             |
| Common collective trusts             | <u>6,214,660</u>                          | -           | <u>6,214,660</u>   | -           |
| Investments at fair value            | <u>\$8,859,219</u>                        | <u>\$ -</u> | <u>\$8,859,219</u> | <u>\$ -</u> |

There were no significant transfers between Level 2 and other levels for the years ended December 31, 2024 and 2023.

4. Investment Contracts with Insurance Companies

Voya Fixed Account

In October 2024, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract, "Voya Fixed Account" with Voya Retirement Insurance and Annuity Company (VRIAC). In October 2024 Plan assets were transferred from AUL to VRIAC. The guaranteed interest rate was 2.25% for the year ended December 31, 2024.

American United Life (AUL) Stable Value Account

Prior to Voya Retirement Insurance and Annuity Company, the Plan had entered into a traditional fully benefit responsive guaranteed investment contract with American United Life (AUL Stable Value Account). The AUL SVA guaranteed interest rate was 2.25% and 1.75% for the years ended December 31, 2024, and 2023, respectively.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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4. Investment Contract with Insurance Company, Continued

American United Life (AUL) Stable Value Account, Continued

The Plan has entered into a traditional fully benefit-responsive guaranteed investment contract, “Stable Value Account”, with American United Life (“AUL SVA”). American United Life maintains the contributions in a general asset account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The book value account interest rate is adjusted annually. Each year at least 35 days prior to January 1, the issuer declares a guaranteed interest rate for the AUL SVA that is applicable for the subsequent calendar year.

The Voya Fixed Account and AUL Stable Value account contract meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The Plan’s ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on Voya Institutional Trust Company and American United Life’s ability to meet its financial obligations. Voya Institutional Trust Company and American United Life’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with Voya Institutional Trust Company and American United Life. Examples of such events include the following:

1. The Plan’s failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contract.
3. Plan termination or merger.
4. Changes to the Plan’s prohibition on competing investment options.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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4. Investment Contract with Insurance Company, Continued

5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow Voya Institutional Trust Company and American United Life to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines.
2. A breach of material obligation under the contract.
3. A termination or partial termination of the Plan.
4. Communication by the Plan sponsor or by Voya Institutional Trust Company or American United Life that the agreement will be terminated.

5. Forfeited Accounts

Forfeitures of employer contributions remaining after Plan expenses are allowable as additional matching or profit sharing contribution. During the years ended December 31, 2024 and 2023, forfeitures were \$-0- and \$-0-, respectively.

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 plan termination, participants will become 100 percent vested in their accounts.

7. Income Taxes

The Internal Revenue Service has determined and informed the Company by letter dated August 19, 2020, that the Plan and related trust are designed in accordance with applicable sections of

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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7. Income Taxes, Continued

the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore believes that the Plan is qualified and that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

8. Related Party Transactions and Party In Interest Transactions

Cascade Wood Products, Inc. provides certain accounting and administrative services to the Plan for which no fees are charged. This party in-interest transaction is exempt from the prohibited transaction rules of ERISA.

Voya Institutional Trust Company is the trustee and record keeper for the Plan and, therefore, these transactions qualify as party in interest transactions. Voya Institutional Trust Company provides certain administrative services to the Plan pursuant to a master plan services agreement. Voya Institutional Trust Company receives revenue from mutual funds and separate investment account service providers for services Voya Institutional Trust Company provides to the funds.

Plan investments are managed from October 26, 2024 to December 31, 2024 by Voya Retirement Insurance Annuity Company with Voya Institutional Trust Company, as the trustee of the Plan.

Plan investments are managed from January 1, 2023 to October 25, 2024 by American United Life Insurance Company, its subsidiaries and affiliates, the trustee.

American United Life Insurance Company is the trustee and record keeper for the Plan and, therefore, these transactions qualify as party in interest transactions. American United Life Insurance Company provides certain administrative services to the Plan pursuant to a master plan services agreement. American United Life Insurance Company receives revenue from mutual funds and separate investment account service providers for services American United Life Insurance Company provides to the funds.

January 1, 2023 to October 25, 2024 Reliance Trust Company served as a directed trustee of the plan under an agreement to provide selected fiduciary services.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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8. Related Party Transactions and Party In Interest Transactions, Continued

All of these party-in-interest transactions are exempt from prohibited transaction rules of ERISA.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**SUPPLEMENTARY INFORMATION**

CASCADE WOOD PRODUCTS, INC. 401K Plan  
EID No. 93-0718474 Plan No. 013  
SCHEDULE H, LINE 4i

SCHEDULES OF ASSETS (HELD AT YEAR END)

December 31, 2024 and 2023

| (a) | (b) Identity of issue,<br>borrower, lessor,<br>or similar party | (c) Description of investment, including<br>maturity date, rate of interest, par or<br>maturity value | 2024          |                      | 2023          |                      |
|-----|---|---|---------------|----------------------|---------------|----------------------|
|     |   |   | (d)<br>Cost** | (e) Current<br>Value | (d)<br>Cost** | (e) Current<br>Value |
|     | Amercent Midcap Val R6  | Registered Investment Company   | \$            | 21,859               | \$            | 102,066              |
|     | Amerfds Europac Grth R6   | Registered Investment Company   |               | -                    |               | 251,568              |
|     | Mid-Cap Gro Equity K  | Registered Investment Company   |               | -                    |               | 296,760              |
|     | Franklin Small Cap Value R6                                     | Registered Investment Company   |               | 175,246              |               | 208,801              |
|     | Jan Hen Triton N  | Registered Investment Company   |               | -                    |               | 235,456              |
|     | MFS Growth R6   | Registered Investment Company   |               | -                    |               | 469,309              |
|     | Neubergerberman Large Cap Value R6                              | Registered Investment Company   |               | -                    |               | 350,656              |
|     | Neubergerberman Genesis Fund R6                                 | Registered Investment Company   |               | 167,817              |               | -                    |
|     | Pioneer Strat Inc K   | Registered Investment Company   |               | -                    |               | 166,784              |
|     | PIMCO Income Fund Ins   | Registered Investment Company   |               | 253,314              |               | -                    |
|     | 500 Index Adm   | Registered Investment Company   |               | -                    |               | 563,159              |
|     | Victory NASDAQ 100 Index R6                                     | Registered Investment Company   |               | 583,662              |               | -                    |
|     | Voya Gv Mny Mkt F A (Hld Acct)                                  | Registered Investment Company   |               | 5,965                |               | -                    |
|     | Voya Intermediate Bond Fund R6                                  | Registered Investment Company   |               | 373,134              |               | -                    |
|     | iShares S&P 500 Index Fund K                                    | Registered Investment Company   |               | 404,401              |               | -                    |
|     | Janus Hnd Intl Alpha Eq CF III                                  | Common Collective Trust   |               | 206,490              |               | -                    |
|     | Janus Hndrsn Enterprise CF III                                  | Common Collective Trust   |               | 219,236              |               | -                    |
|     | Nuveen TIAA LC IDX 2015 J                                       | Common Collective Trust   |               | 7,602                |               | 6,088                |
|     | Nuveen TIAA LC IDX 2020 J                                       | Common Collective Trust   |               | 1,414,573            |               | 1,439,326            |
|     | Nuveen TIAA LC IDX 2025 J                                       | Common Collective Trust   |               | 1,320,783            |               | 1,310,608            |
|     | Nuveen TIAA LC IDX 2030 J                                       | Common Collective Trust   |               | 2,223,448            |               | 1,466,176            |
|     | Nuveen TIAA LC IDX 2035 J                                       | Common Collective Trust   |               | 1,383,358            |               | 706,411              |
|     | Nuveen TIAA LC IDX 2040 J                                       | Common Collective Trust   |               | 112,597              |               | 120,139              |
|     | Nuveen TIAA LC IDX 2045 J                                       | Common Collective Trust   |               | 79,231               |               | 41,799               |
|     | Nuveen TIAA LC IDX 2050 J                                       | Common Collective Trust   |               | 172,493              |               | 165,298              |
|     | Nuveen TIAA LC IDX 2055 J                                       | Common Collective Trust   |               | 70,131               |               | 49,921               |
|     | Nuveen TIAA LC IDX 2060 J                                       | Common Collective Trust   |               | 80,318               |               | 14,423               |
|     | Nuveen TIAA LC IDX 2065 J                                       | Common Collective Trust   |               | 70                   |               | -                    |
|     | Nuveen TIAA LC IDX Ret INC J                                    | Common Collective Trust   |               | 941,361              |               | 894,471              |
|     | Putnam Large Cap Value Trust I                                  | Common Collective Trust   |               | 311,975              |               | -                    |
|     |   |   |               | <u>10,529,064</u>    |               | <u>8,859,219</u>     |
|     | Insurance (AUL)   | AUL Stable Value Account (GIA)  |               | -                    |               | 1,817,155            |
|     | Insurance Company General Account                               | Voya Fixed Account  |               | 352,395              |               | -                    |
|     | Participant loans   | Range of interest rates 5.25% - 10.50%  |               | 35,600               |               | 43,739               |
|     |   |   | \$            | <u>10,917,059</u>    | \$            | <u>10,720,113</u>    |

\*\* Information is not required; all investments are participant directed.

CASCADE WOOD PRODUCTS, INC.  
401(k) PLAN  
EID No. 93-0718474 Plan No. 013  
SCHEDULE OF REPORTABLE TRANSACTIONS

Years ended December 31, 2024 and 2023

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There were no reportable transactions during the years ended December 31, 2024 and 2023. All transactions were participant directed.