## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/201	8	and ending 1	2/31/2018			
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)							
<b>D T</b> C's and	over to a mant in	a one-participant plan	a foreign plan					
<b>B</b> This reti	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program			
	,	special extension (enter descript	*					
Part II	1	ormation—enter all requested inform	mation		Т			
1a Name	•	NO 404/10 PLAN			<b>1b</b> Three-digit plan number			
HERMANN	BROTHERS LOGGII	NG 401(K) PLAN			(PN)	001		
					1c Effective dat			
						1/01/1998		
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E				entification Number 1-0980517		
•	•	nce, country, and ZIP or foreign postal on NG & CONSTRUCTION, INC.	code (ii foreign, see insti	uctions)	2c Sponsor's te	elephone number 452-3341		
					2d Business co	de (see instructions)		
	MOUNTAIN RD. ELES, WA 98362				1	13310		
TORT ANOL	LLC3, WA 90302							
3a Plan a	dministrator's name	and address X Same as Plan Sponso	or.		<b>3b</b> Administrato	r's EIN		
		_			30 Administratorio tolono ano accumbano			
					<b>3c</b> Administrator's telephone number			
		he plan sponsor or the plan name has opensor's name, EIN, the plan name and			4b EIN			
<b>a</b> Spons	or's name				4d PN			
C Plan N	lame							
<b>5a</b> Total	number of participant	ts at the beginning of the plan year			5a			
_		ts at the end of the plan year			. 5b	111		
		h account balances as of the end of the			5c	58		
	•	participants at the beginning of the plan			5d(1)	113		
<b>d(2)</b> Tot	al number of active p	participants at the end of the plan year.			5d(2)	111		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	1		
Caution: A	A penalty for the late	e or incomplete filing of this return/re	eport will be assessed	unless reasonable ca				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as we make the control of the c						
SIGN		ed/valid electronic signature.	05/20/2019	WILLIAM HERMAN				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	ual signing as plan administrator		
SIGN	Filed with authorize	ed/valid electronic signature.	05/20/2019	WILLIAM HERMAN				

Date

Enter name of individual signing as employer or plan sponsor

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If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								es No	
7   Plan Assets and Liabilities	С	<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No									
Total plan assets   7a	Pa	rt III Financial Information									
b Total plan islabilities. 7b 0 0 0 0 1992342  C Net plan assets (subtract line 7b from line 7a) 7c 2012491 1992342  B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 1992342  B Contributions received or receivable from: (1) Employers (2) Participants. 8a(1) 14728  C Participants. 8a(2) 214386  (3) Others (including rollovers). 8a(3) 479868  b Other income (loss) (2) Participants. 8a(3) 479868  b Other income (loss) (2) Participants (2) Participants (3) Others (including rollovers). 8b 1-175972  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 533109  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 527493  e Certain deemed and/or corrective distributions (see instructions). 8e 0 0  f Administrative service providers (salaries, fees, commissions) 8f 25765  g Other expenses. 8g 0 0  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 553258  i Net income (loss) (subtract line 8h from line 8e) 8l 1 7 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	7	Plan Assets and Liabilities		(a) Beginning (	of Year	,		(b) Er	nd of Year		
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	201	12491				199234	2	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 14728 (2) Participants 8a(2) 214385 (3) Others (including rollovers)	b	Total plan liabilities	7b		0					0	
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	201	12491				199234	2	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	) Total		
(3) Others (including rollovers)	а		8a(1)	,	14728		, ,				
b Other income (loss)		(2) Participants	8a(2)	2′	14385						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	47	79968						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-17	75972						
e Certain deemed and/or corrective distributions (see instructions) 8e 0 0  f Administrative service providers (salaries, fees, commissions) 8f 25765  g Other expenses 8g 0 0  h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 553258  i Net income (loss) (subtract line 8h from line 8c) 8i -20149  j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X  c Was the plan avea a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 150000  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 150000  f Has the plan failed to provide any benefit when due under the plan? 10f X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X  if 10h was answered "Yes," check the box if you either provided the required notice or one of the limitation	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						53310	9	
f Administrative service providers (salaries, fees, commissions)	d		. 8d	52	27493						
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e	0							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	2	25765						
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						553258		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	8i					-2014	9	
9a	j	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10	Pai	rt IV Plan Characteristics									
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in the ir	nstructions:		
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in the ins	structions:		
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  X  If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			15	50000	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?					X		·		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ				
	h		•				X				
	i				10i						

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				□ No □ N/A			
Part '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

phologee Benefits Security Administration
Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos: 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

F	Part I Annual Report Identification Information								
-	r calendar plan year 2018 or f		01/01/2018	and ending	12/31/20	18			
	This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repor						
С	Check box if filing under:	Form 5558 special extension (enter descr	· ,		DFVC	program			
		ormation enter all requested	information						
1a	Name of plan  Hermann Brothers L	ogging 401(k) Plan			1b Three-dig plan num (PN) ► 1c Effective	ber 001			
_					01/01/	1998			
2a	Mailing Address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign post		structions)	(EIN) 9	r Identification Number 1-0980517			
	Hermann Brothers L	ogging & Construction,	Inc :			s telephone number 452-3341			
	2095 Blue Mountain Rd.				2d Business code (see instructions) 113310				
	US Port Angeles WA 9836				3b Administrator's EIN				
	3a Plan administrator's name and address 🗵 Same as Plan Sponsor				3c Administr	3c Administrator's telephone number			
4		ne plan sponsor or the plan name ha			4b EIN				
c	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  a Sponsor's name  C Plan Name				4d PN				
- 5a	Total number of participants	s at the beginning of the plan year			5a	118			
b	• •	s at the end of the plan year				111			
С	Number of participants with	account balances as of the end of	the plan year (only define	contribution plans	5c	58			
d		rticipants at the beginning of the pla			5d(1)	113			
d(	(2) Total number of active pa	rticipants at the end of the plan yea	ır		5d(2)	111			
е	1 4b 4000V	terminated employment during the	•		5e	1			
Ca	aution: A penalty for the late	e or incomplete filing of this retur	m/report will be assesse	d unless reasonable ca	ause is establis	hed.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.									
S	IION JULY	eman)	5/20/2019	₩illiam Hermann	1				
O.P.	IERE Signature of plan add	ninistrator	Date	Enter name of individu	ıal signing as pla	n administrator			
S	IIGN DILLY	kenner	5/21/10	William Hermann	1				
H	IERE Signature of employe	r/plan sponsor	Date /	Enter name of individu	ıal signing as em	ployer or plan sponsor			

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	See instructions.)		,,,,,,,,,				X Yes	□No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a								XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot								_	_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sectio	n 402	21)?	[	Yes	No	☐ Not d	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	mium filing for this year					(	See instru	ctions,)
Da	rt III Financial Information									
_	Plan Assets and Liabilities		(a) Beginning of	f Yea	r		- 0	(b) End	of Year	
	Total plan assets	7a	2,01						1,992,	342
-	Total plan liabilities	1	2,02		0				1,332,	0
-	Net plan assets (subtract line 7b from line 7a)	7c	2,01	2.4					1,992,	342
_	Income, Expenses, and Transfers for this Plan Year	10.7	(a) Amount					(b) T		
	Contributions received or receivable from:				20				100	TV-II
	(1) Employers	8a(1)		4,7			-	-		
	(2) Participants	8a(2)		4,3						
	(3) Others (including rollovers)	8a(3)		9,9		100				
	Other income (loss)	8b 8c	(175	,97	2)	533,109				100
	Benefits paid (including direct rollovers and insurance premiums	00							533,	109
	to provide benefits)	8d	52	7,4	93		3.6		9 5 1	
<u>_e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	130				
f	Administrative service providers (salaries, fees, commissions)	8f	2	5,7	65		<u> </u>			
g	Other expenses	8g			0	18				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					553,258			258
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				4			(20,1	.49)
	Transfers to (from) the plan (see instructions)	8j					THE VE	Legif.		-1-
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	s from the List of Plan C	harac	terist	ic Cod	les in the	e instruct	ions:	
_	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	aracte	eristic	Code	s in the	instructio	ons:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu	tions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fidu	uciary Correction							
	Program)			10a		Х				
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?			10c	x				1	50,000
d		fidelity bond	d, that was caused	10d		х	E 14			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of th	by an insurance le benefits under	10e		х				
f				10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g		х				
h	The second secon	(See instruc	tions and 29 CFR	10h		x			rist,	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i						

Pari	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500 and line 11a below)				. Te	s X N	٧o
11a	Entert	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.					
b	Enter t	he minimum required contribution for this plan year.		12b				
С	C Enter the amount contributed by the employer to the plan for the plan year							
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	No [	N/A	
Pari	VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	X	No.	
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year		13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t control of the PBGC?					Yes X	] No	
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13	13c(1) Name of plan(s): 13c(2) El					13c(3	) PN(s)	