-	TIM 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
Inter	nal Revenue Service	This form is required to be file				2018
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	Revenue Code (the Code		Internal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in a		uctions to the Form 55	00-SF.	
Part I		dentification Information		and and in a dia	104 100 4 0	
For calenda	ar plan year 2018 or fisc			5	2/31/2018	ving this hav must attach a
A This ret	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a with the form instructions.)
B This retu	urn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
0		an amended return/report		n/report (less than 12 mo	ontns)	
C Check	box if filing under:	X Form 5558	automatic extension	l	DFVC p	rogram
		special extension (enter descr				
Part II		mation—enter all requested inf	formation			
1a Name	•				1b Three	e-digit number
PINORIH	VEST 401(K) PLAN				(PN)	
					1c Effec	tive date of plan 01/01/2004
2a Plan s	ponsor's name (employe	er, if for a single-employer plan)			2b Empl	oyer Identification Number
		, apt., suite no. and street, or P.C , country, and ZIP or foreign post		uctions)	(EIN)	91-1662809
-	VEST OF LONGVIEW, I			,	2C Spor	nsor's telephone number 360-423-9535
					2d Busir	ness code (see instructions)
1560 3RD AV LONGVIEW,						621340
,						
3a Plan a	dministrator's name and	I address 🛛 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN
				-	3c Admi	nistrator's telephone number
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	4b EIN	
•	an, enter the plan spons or's name	sor's name, EIN, the plan name a	and the plan number from th	ne last return/report.	4d PN	
C Plan N					TU FN	
5a Total r	number of participants a	t the beginning of the plan year			5a	24
		t the end of the plan year			5b	23
		ccount balances as of the end of			5c	18
d(1) Tota	al number of active parti	icipants at the beginning of the pla	an year		5d(1)	21
		icipants at the end of the plan yea		r i i i i i i i i i i i i i i i i i i i	5d(2)	18
		erminated employment during the			5e	0
Caution: A	A penalty for the late or	r incomplete filing of this returr	n/report will be assessed	unless reasonable cau		
SB or Sche	edule MB completed and	er penalties set forth in the instruct d signed by an enrolled actuary, a				
SIGN	true, correct, and completing Filed with authorized/v	ete. alid electronic signature.	10/10/2019	DANIEL HUGHES		
HERE	Signature of plan ad		Date	Enter name of individu	ial signing -	as plan administrator
SICN			Daio		an signing i	ao pian administrator
SIGN HERE	Cimpeture of small	av/nlan anaraa	Dete	Fatan a successful the set	al al mul	
	Signature of employ	er/pian sponsor	Date	Enter name of individu	ual signing a	as employer or plan sponsor

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

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10111 3300-31 (2018)		Fage Z				
 6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan car 	f an indepe y and condit	ndent qualified public a tions.)	iccounta	ant (IC	PA)	X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC If "Yes" is checked, enter the My PAA confirmation number from						
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning ((b) End of Year
a Total plan assets		18	77322			1836410
b Total plan liabilities	1		0			1181
C Net plan assets (subtract line 7b from line 7a)	7c	18	77322			1835229
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)		37320			
(2) Participants		8	34972			
(3) Others (including rollovers)						
b Other income (loss)		-15	51871			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1					-29579
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9203			
e Certain deemed and/or corrective distributions (see instructions).	8e					
f Administrative service providers (salaries, fees, commissions)	8f		3311			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12514
i Net income (loss) (subtract line 8h from line 8c)	8i					-42093
j Transfers to (from) the plan (see instructions)	··· 8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature co	odes from the List of Pla	an Char	acteris	stic Co	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	cterist	ic Cod	es in the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a	x		6075
b Were there any nonexempt transactions with any party-in-intere	st? (Do not	include transactions				

b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		187733
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	х		351
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

			and the second second second second			
	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Employ	/00	OMB Nos. 1210-0110 1210-0089
Inte	artment of the Treasury rnal Revenue Service	This form is required to be file	d under sections 104 and	4065 of the Employee Retir	ement	2018
Employee 8	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		ernal	This Form is Open to Public Inspection
Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5500	-SF.	r abite mapaciteri
Part I	Annual Report	Identification Information				
For calend	lar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31/	2018
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) (File mployer Information in account	ers checking rdance with	this box must attach a the form instructions.)
P This solu	um/report is	a one-participant plan	🔲 a foreign plan			
	unneportis	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mont	hs)	
C Check	box If filing under:	X Form 5558		П	00/0	
		P*2	aulomatic extension	Ц	DFVC prog	ram
D		special extension (enter descr				
Part II		ormation—enter all requested in	formation			
1a Name	ofplan NORTHWEST 401			1	b Three-dl	
PIN	OKTHWEST 401	(K) PLAN			plan nun (PN) ▶	001
				1	and the second s	date of plan
						/2004
Melling	g address (include roc	oyer, if for a single-employer plan) m, apl., suite no. and street, or P.C). Box)			r Identification Number 1662809
PT N	IORTHWEST OF 1	ce, country, and ZIP or foreign post LONGVIEW, INC.	al code (if foreign, see insl	Iructions) 2	c Sponsor	's telephone number 23-9535
1560) 3RD AVENUE			2		s code (see Instructions)
LONG	WIEW	WA 9863	32		60104	•
3a Plen a	dministrator's name a	nd address X Same as Plan Spor	3907		62134	
ou riant			1501.		b Administ	
				3	C Administ	rator's telephone number
4 if the r	name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last i	return/report filed for 4	b EIN	
this pl	lan, enter the plan spo	nsor's name, EIN, the plan name a	ind the plan number from t	ihe last return/report.		
a Spons C Plan N	ior's name Iame			4	d PN	
5a Total	number of participants	at the beginning of the plan year			5a	24
		at the end of the plan year			5b	23
C Numb	er of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	50 5c	
		rticipants at the beginning of the pl			5d(1)	21
		inticipants at the end of the plan yea			5d(2)	18
e Numt	per of participants who	terminated employment during the	a plan year with accrued b	enefits that were less	50	0
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cause	is establis	hed.
Under pena SB or Sche	alties of perjury and of	her penalties set forth in the instruct indisigned by an enrolled actuary, a	tions. I declare that I have	examined this return/report	t including	if applicable a Schedule
SIGN		n	10/10/19	Daniel Hughes		
HERE	Signature of plan a	Idministrator	Date	Enter name of individual	signing as a	lan administrator
SIGN					eighning og h	an doministrator
HERE	Signature of angle	warlatan anonon		P		
For Paperwe	Signature of emplo ork Reduction Act Notic	oyer/plan sponsor :e, see the instructions for Form 5500	Date	Enter name of individual	signing as e	
			······ (#)	~		Form 5500-SF (2018) v.171027

Ce.

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 b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520,104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	X Yes 🗍 No
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗍 No 📋 M	
	Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year, (Se	See instructions.)

7 PI	an Assets and Liabilities		(a) Beginning of	Year		(b) End of Year
a To	otel plan assets	7a	1,8	77,322		1,836,410
	olal plan liabilities	7b		0		1,181
	st plan assets (subtract line 7b from line 7a)	7c	1,8	77,322	2400-045	1,835,229
B In	come, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
231	ontributions received or receivable from:) Employers	Ba(1)		37,320		
(2) Participants	8a(2)		84,972		
(3) Others (including rollovers)	8a(3)				
bo	ther income (loss)	8b	-1	51,871		
C To	otal Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-29,579
	enefils pald (including direct rollovers and insurance premlums provide benefils)	8d		9,203		
e C	ertain deemed and/or corrective distributions (see instructions)	86				
f A	dministrative service providers (salaries, fees, commissions)	8f		3,311		
g o	ther expenses	8g				
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h				12,514
I N	et income (loss) (subtract line 8h from line 8c)	81				-42,093
j Ti	ransfers to (from) the plan (see instructions)	8]				
Part	IV Plan Characteristics		1 state			
9a ii	the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature cod	es from the List of Plan	Characteri	silc Co	des in the instructions;
b	the plan provides welfare benefils, enter the applicable welfare for	eature code:	s from the List of Plan	Characteris	tic Cod	les in the instructions:
Part \	V Compliance Questions					(*************************************
10	During the plan year:			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu	lions within	the time period			

10	During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	x		6,075
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was lhe plan covered by a fidelity bond?	10c	Х		187,733
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	x		351
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	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
T	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Form 5500-SF (2018)

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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 (Form 5500) and line 11a below)				Yes 1
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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Yes X I
 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver. 	Instructions, and Month	l enter l Day	he date o	f the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin				
b Enter the minimum required contribution for this plan year		12b		
C 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 negative amount)	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No NA
Part 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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?] [] Yes 🛛 No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred.	entify the plan(s) lo		×
13c(1) Name of plan(s):				13c(3) PN(s)
	<u> </u>			

(Rev. September 2018) To File Certain Employee P	lan Re	etur	ns			o. 1545-0212
Department of the Treasury Internal Revenue Service	Notice, s	ee insi	tructio	ns.	File Wit	h IRS Only
Part I Identification						
A Name of filer, plan administrator, or plan sponsor (see instructions)	Ів	Filer's	identif	ying number (s	ee Instruction	is)
PT NORTHWEST OF LONGVIEW, INC.				tification numb	er (EIN) (9 digit	•
Number, street, and room or sulte no. (If a P.O. box, see instructions) 1560 3RD AVENUE		A			62809	
City or town, state, and ZIP code		Social	securit	y number (SSN)	(9 digits XXX-	XX-XXXX)
LONGVIEW, WA 98632	-	_		- Original and the second s		
Plan name	l n	Plan	r	Plai MM	n year endir DD	
	0				-	
PT NORTHWEST 401(K) PLAN		0	1	12	31	2018
Part II Extension of Time To File Form 5500 Series, and/or Form	8955-S	SA				
1 Check this box if you are requesting an extension of time on line 2 to file in Part I, C above.					eport for the	plan listed
2 I request an extension of time until <u>10 / 15 /2019</u> to file Fo. Note: A signature IS NOT required if you are requesting an extension to file	rm 5500 s Form 550	eries. O serie	See ir es.	structions.		
3 I request an extension of time until <u>10 / 15 /2019</u> to file For Note: A signature IS NOT required if you are requesting an extension to file	rm 8955-8 Form 895	SSA. S 5-SSA	See ins	structions.		
The application is automatically approved to the date shown on line 2 and the normal due date of Form 5500 series, and/or Form 8955-SSA for whi and/or line 3 (above) is not later than the 15th day of the 3rd month after the	ch this ex	tansid	n is r	a) the Form (equested; an	5558 is filed Id (b) the d	on or befo ale on line
Part III Extension of Time To File Form 5330 (see instructions)						
4 I request an extension of time until/ to file For You may be approved for up to a 6-month extension to file Form 5330, after		al due	date	of Form 533().	
a Enter the Code section(s) imposing the tax	. ►	a				
b Enter the payment amount attached				•	b	
c For excise taxes under section 4980 or 4980E of the Code, enter the reversion						
 c For excise taxes under section 4980 or 4980F of the Code, enter the reversion 5 State in detail why you need the extension: 	on/amend	ment	date .	8 8 P	C	
	•••••••	••••••			••••••••••	
				••••••		

				•=		
				•••••		
						•••••
ider penalties of perjury, I declare that to the best of my knowledge and belief, the statements made prepare this application.	on this for	n are tr	UB, CON	ect, and compt	ele, and that I	am authorize