

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2021</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> 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 This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)
D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>	

Part II Basic Plan Information —enter all requested information													
1a Name of plan <u>THE T.P.M. PENSION PLAN FOR EMPLOYEES OF L.D. MCFARLAND COMPANY LTD.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; padding: 5px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan <u>01/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1964</u>									
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1c Effective date of plan <u>01/01/1964</u>													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MCFARLAND CASCADE POLE AND LUMBER</u> <u>P.O. BOX 1496</u> <u>TACOMA, WA 98401-1496</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">2b Employer Identification Number (EIN) <u>65-1195441</u></td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">2c Sponsor's telephone number <u>253-572-3033</u></td> <td></td> </tr> <tr> <td style="padding: 5px;">2d Business code (see instructions) <u>113310</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>65-1195441</u>		2c Sponsor's telephone number <u>253-572-3033</u>		2d Business code (see instructions) <u>113310</u>							
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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">4d PN</td> <td></td> </tr> </table>	4b EIN		4d PN									
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4d PN													
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">5a</td> <td style="width: 40%; text-align: center; padding: 5px;"><u>75</u></td> </tr> <tr> <td style="padding: 5px;">5b</td> <td style="text-align: center; padding: 5px;"><u>75</u></td> </tr> <tr> <td style="padding: 5px;">5c</td> <td></td> </tr> <tr> <td style="padding: 5px;">5d(1)</td> <td style="text-align: center; padding: 5px;"><u>18</u></td> </tr> <tr> <td style="padding: 5px;">5d(2)</td> <td style="text-align: center; padding: 5px;"><u>16</u></td> </tr> <tr> <td style="padding: 5px;">5e</td> <td style="text-align: center; padding: 5px;"><u>0</u></td> </tr> </table>	5a	<u>75</u>	5b	<u>75</u>	5c		5d(1)	<u>18</u>	5d(2)	<u>16</u>	5e	<u>0</u>
5a	<u>75</u>												
5b	<u>75</u>												
5c													
5d(1)	<u>18</u>												
5d(2)	<u>16</u>												
5e	<u>0</u>												

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, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	DANIELLE CURTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 436287. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1653281	1760527
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1653281	1760527
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	40476	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	66770	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		107246
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		107246
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:
1B 3H
- 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:		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		<input checked="" type="checkbox"/>	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		<input checked="" type="checkbox"/>	
c Was the plan covered by a fidelity bond?	10c	<input checked="" type="checkbox"/>		500000
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		<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>	
f Has the plan failed to provide any benefit when due under the plan?	10f		<input checked="" type="checkbox"/>	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		<input checked="" type="checkbox"/>	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

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. Month _____ Day _____ Year _____

If you 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**

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 left of a negative amount) **12d**

e 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? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE T.P.M. PENSION PLAN FOR EMPLOYEES OF L.D. MCFARLAND COMPANY LTD.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MCFARLAND CASCADE POLE AND LUMBER</u>	D Employer Identification Number (EIN) <u>65-1195441</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>1653263</u>
b Actuarial value	2b <u>1653263</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>0</u> (2) Vested Funding Target <u>0</u> (3) Total Funding Target <u>0</u>
b For terminated vested participants	<u>57</u> <u>987705</u> <u>987705</u>
c For active participants	<u>18</u> <u>625149</u> <u>625149</u>
d Total	<u>75</u> <u>1612854</u> <u>1612854</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.09</u> %
6 Target normal cost	
a Present value of current plan year accruals	6a <u>0</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>0</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/03/2022</u> Date
Signature of actuary		
<u>EMMA PULSIFER</u> Type or print name of actuary		<u>20-08640</u> Most recent enrollment number
<u>NWPS</u> Firm name		<u>650-933-3577</u> Telephone number (including area code)
<u>160 W SANTA CLARA STREET, STE 1550</u> <u>SAN JOSE, CA 95113</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	295610
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	295610
10 Interest on line 9 using prior year's actual return of <u>4.01</u> %	0	11854
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7441
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		412
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		7853
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	307464

Part III Funding Percentages

14 Funding target attainment percentage	14	83.44 %
15 Adjusted funding target attainment percentage	15	102.43 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.98 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2021	13492	0			
07/07/2021	13492	0			
12/30/2021	13492	0			
Totals ▶			18(b)	40476	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	39187

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.32 %2nd segment:
4.79 %3rd segment:
5.47 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 0**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 267055 Installment 53969**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 53969**35** Balances elected for use to offset funding requirement Carryover balance Prefunding balance Total balance 14782 14782**36** Additional cash requirement (line 34 minus line 35) **36** 39187**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 39187**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

2021 Form 5500 Schedule SB: Line 26
Plan Name: The TPM Pension Plan for Employees of L.D. McFarland Company, Ltd.
Employer ID Number: 65-1195441
Plan Number: 001

Schedule of Active Participant Data (as of January 1, 2021)

Credited Service									
Attained Age	Under 5	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 & up	Total
Under 25	0	0	0	0	0	0	0	0	0
25 to 29	1	0	0	0	0	0	0	0	1
30 to 34	0	2	0	0	0	0	0	0	2
35 to 39	1	1	1	0	0	0	0	0	3
40 to 44	0	0	1	1	0	0	0	0	2
45 to 49	0	1	0	1	0	0	0	0	2
50 to 54	0	1	1	0	0	0	0	0	2
55 to 59	0	1	0	0	0	2	0	0	3
60 to 64	0	0	0	1	0	1	0	1	3
65 & up	0	0	0	0	0	0	0	0	0
Total	2	6	3	3	0	3	0	1	18

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500					

Part I	Basic Information																				
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2	Assets:																				
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b Actuarial value	2b	1,653,263																			
3	Funding target/participant count breakdown																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:15%;">(1) Number of participants</th> <th style="width:20%;">(2) Vested Funding Target</th> <th style="width:20%;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: center;">57</td> <td style="text-align: center;">987,705</td> <td style="text-align: center;">987,705</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">18</td> <td style="text-align: center;">625,149</td> <td style="text-align: center;">625,149</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">75</td> <td style="text-align: center;">1,612,854</td> <td style="text-align: center;">1,612,854</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	0	0	0	b For terminated vested participants.....	57	987,705	987,705	c For active participants	18	625,149	625,149	d Total.....	75	1,612,854	1,612,854
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
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4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b															
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5	Effective interest rate 5 5.09%																				
6	Target normal cost.....																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Present value of current plan year accruals.....</td> <td style="width:10%; text-align: center;">6a</td> <td style="width:20%; text-align: right;">0</td> </tr> <tr> <td>b Expected plan-related expenses</td> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c Total (line 6a + line 6b)</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> </table>	a Present value of current plan year accruals.....	6a	0	b Expected plan-related expenses	6b	0	c Total (line 6a + line 6b)	6c	0											
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b Expected plan-related expenses	6b	0																			
c Total (line 6a + line 6b)	6c	0																			

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>10/3/2021</u> Date 2008640 Most recent enrollment number 650-933-3577 Telephone number (including area code)
EMMA PULSIFER Type or print name of actuary NWPS Firm name 160 W SANTA CLARA STREET, STE 1550 SAN JOSE CA 95113 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	267,055	53,969	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	53,969	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		14,782	14,782
36 Additional cash requirement (line 34 minus line 35)	36	39,187	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	39,187	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		

2021 Form 5500 Schedule SB:	Line 22
Plan Name:	The TPM Pension Plan for Employees of L.D. McFarland Company, Ltd.
Employer ID Number:	65-1195441
Plan Number:	001

Description of Weighted Average Retirement Age

Age	Group	Number Active	Retirement Rate	Number Retiring	Number Retiring x Age
62	Oregon w/10 YOS	10	100%	10	620
65	All Others	<u>8</u>	100%	<u>6</u>	<u>520</u>
Total		18			1,140
Weighted Average Retirement Age:					63.33

The average age is determined as the total of "Number Retiring x Age" divided by "Number Active".

2021 Form 5500 Schedule SB:	Line 7
Plan Name:	The TPM Pension Plan for Employees of L.D. McFarland Company, Ltd.
Employer ID Number:	65-1195441
Plan Number:	001

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard
Carryover Balance or Prefunding Balance

Line 13 of the 2020 Schedule SB shows a beginning of current year balance of \$295,598.

Line 7 of the 2021 Schedule SB shows a beginning of prior year balance of \$295,610.

The difference is due to the correction of the dates of one of the plan contributions for the 2019 plan year.

The attachment to the 2019 Schedule SB shows a contribution of \$18,017 made on 1/7/2020.

This contribution was actually made on 1/3/2020.

This difference increases the amount available at the beginning of the 2020 plan year to add to the prefunding balance to \$1,150, and the client elects to add the full \$1,150 (Lines 11c and 11d of the 2020 Schedule SB).

These corrections take the prefunding balance at 1/1/20 to \$295,610.

2021 Form 5500 Schedule SB: Line 19
Plan Name: The TPM Pension Plan for Employees of L.D. McFarland Company, Ltd.
Employer ID Number: 65-1195441
Plan Number: 001

Schedule of Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount</u>	<u>Year Applied</u>	<u>Effective Interest Rate</u>	<u>Interest Adjusted Contribution</u>
4/8/2021	13,492	2021	5.09%	13,315
7/7/2021	13,492	2021	5.09%	13,153
12/30/2021	<u>13,492</u>	2021	5.09% / 10.09%	<u>12,719</u> ¹
Total	40,476			39,187

¹ The Contribution of \$13,492 deposited on 12/30/2021 was discounted to 10/15/2021 at 10.09% and then further discounted to 1/1/2021 at 5.09%.

**THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.**

SUMMARY OF PLAN

As of January 1, 2021

1) **EFFECTIVE DATE OF PLAN**

The plan was originally effective on January 1, 1964 and was most recently amended on June 30, 2015 to freeze all benefits.

2) **FUNDING**

The plan is funded by employer contributions to a trust fund.

3) **EMPLOYEES INCLUDED**

The plan generally covers all employees who are Hourly employees anticipated to work 1,000 hours per year. Salaried employees and other employees who are covered by a collective bargaining agreement are excluded. Eligible employees enter the plan on the first of the month on or following their date of hire.

4) **PLAN YEAR**

The plan year is the 12-month period from January 1 to December 31.

5) **EMPLOYER CONTRIBUTIONS**

Amounts sufficient to maintain the trust fund at an adequate level are contributed by the employer.

6) **EMPLOYEE CONTRIBUTIONS**

Participants in the plan are not required nor allowed to make any contributions.

7) **YEAR OF SERVICE**

Benefit Service means each plan year in which an employee completes 1,000 hours of service, while an active participant in the plan. For plan years of less than 1,000 hours of service, partial credit is given in years of first hire and termination. A year of Vesting Service is earned for each plan year in which an employee completes 1,000 hours of service. Effective 6/30/2015, service was frozen for benefit and eligibility purposes.

**THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.**

APPENDIX A
(Continued)

SUMMARY OF PLAN

As of January 1, 2021

8) **RETIREMENT DATE**

The normal retirement date for any participant shall be the first day of the month coincident with or next following their attainment of age 65. An early retirement date is permitted provided the participant has attained age 55 and the sum of their age and completed years of Credited Service equals 70 or more.

9) **RETIREMENT BENEFIT**

Normal - The monthly normal retirement benefit is payable as a single life annuity and is equal to a participant's accrued benefit which is the accumulation of annual accruals as follows:

Idaho

\$8 for each year of Credited Service prior to January 1, 1974, plus
\$12 for each year of Credited Service subsequent to January 1, 1974 and prior to July 1, 1977, plus
\$14 for each year of Credited Service subsequent to July 1, 1977 and prior to July 1, 1979, plus
\$17 for each year of Credited Service subsequent to July 1, 1979 and prior to January 1, 1985, plus
\$25 for each year of Credited Service on or after January 1, 1985 (for employees active on January 1, 1995)

Oregon

\$15 for each year of Credited Service subsequent to January 1, 1949 and prior to July 1, 1977, plus
\$17 for each year of Credited Service subsequent to July 1, 1977 and prior to January 1, 1985, plus
\$25 for each year of Credited Service on or after January 1, 1985 (for employees active on January 1, 1995)

Effective 6/30/2015, the Plan was frozen so no additional benefits accrue after that date.

Early - The monthly early retirement benefit is payable as a single life annuity and is equal to a participant's accrued normal retirement benefit reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which the actual retirement date precedes the normal retirement date. There is no reduction for Oregon participants who have attained age 62.

Deferred - The monthly deferred retirement benefit is payable as a single life annuity and is equal to the greater of 1) the participant's accrued normal retirement benefit increased actuarially from the normal retirement date to the actual retirement date, or 2) the accrued benefit based upon continuous accruals under the Plan to the actual retirement date.

**THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.**

APPENDIX A
(Continued)

SUMMARY OF PLAN

As of January 1, 2021

10) **RETIREMENT BENEFIT OPTIONS**

The following forms of payment are available to retirees:

- a) Single-Life Annuity
- b) 10 Year Certain and Life Annuity
- c) 100% Joint and Survivor Annuity
- d) 66-2/3 % Joint and Survivor Annuity
- e) 50% Joint and Survivor Annuity

11) **DEATH BENEFIT**

If death occurs prior to the commencement of benefit payments and after a participant becomes vested, a participant's spouse is entitled to receive a life annuity under the survivor portion of a 50% Joint and Survivor Annuity assuming the participant terminated the day prior to death, retired on the first eligible retirement date, and elected to receive a 50% Joint and Survivor Annuity.

12) **DISABILITY BENEFIT**

No disability benefit is available from the Plan.

13) **VESTED BENEFIT**

Terminating participants vest in their benefits according to the following:

<u>Years of Vesting Service</u>	<u>Percentage Level</u>
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Upon the attainment of normal retirement age or death a participant will become fully vested in his or her accrued benefit.

**THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.**

ACTUARIAL ASSUMPTIONS

As of January 1, 2021

As prescribed by federal law the funding method used for this valuation is the "Unit Credit" funding method. For purposes of Exhibit 9, Pension Disclosures Under ASC 715, the "Projected Unit Credit" funding method was used. The requirements set forth in this report have as their basis the following valuation assumptions.

1) **INTEREST RATE**

The interest rate assumptions employed in this valuation are summarized below:

<u>Liability Measured</u>	<u>Rates</u>	<u>Date Adopted</u>
Minimum Funding (Exhibits 2 through 6)	3.32%/4.79%/5.47%	January 1, 2021
Minimum Funding Effective Rate	5.09%	January 1, 2021
ASC 960 Discount Rate (Exhibit 8)	2.50%	January 1, 2021
PBGC Premium (Appendix F) and Maximum Deductible Contribution (Exhibit 7)	1.75%/3.04%/3.65%	January 1, 2021

The *Minimum Funding Effective Rate* is used to discount receivable contributions for determining the Market Value of Assets for both Funding and PBGC Premium purposes. It is determined as the single rate that when used to determine liabilities, produces the same liability amount as the required three segment rates used for funding purposes.

The *ASC 960 Discount* rate is the single rate that is equivalent to discounting the expected benefit payment stream for expected future benefit payments using the annual spot rates from the December 2020 Citigroup Pension Discount Curve.

2) **MORTALITY**

For Funding and PBGC premium purposes, the sex-distinct RP-2014 (Combined) Mortality Table projected using the MP-2019 projection scale was used to estimate participant mortality rates (adopted on January 1, 2021). For ASC 960 purposes (Exhibit 8), the RP-2014 Mortality Table (Blue Collar) combined with the MP 2020 projection scale was used to estimate participant mortality rates.

**THE TPM PENSION PLAN FOR EMPLOYEES OF
L.D. MCFARLAND COMPANY, LTD.**

APPENDIX B
(Continued)

ACTUARIAL ASSUMPTIONS

As of January 1, 2021

3) **TERMINATIONS**

Voluntary termination rates are based on the 1.5 x H&H AR-Males Table were used:

<u>Age</u>	<u>Number Terminating Per 1,000 Covered</u>
25	15
30	11
35	8
40	5
45	2
50	0

4) **EXPENSES**

None (adopted January 1, 2020). Prior to 2020, Actuarial Values were increased by 5.0 % and normal cost was increased by the expected actuarial fees (\$10,000 assumed) for the coming year.

5) **VALUATION OF ASSETS**

Plan assets are valued at fair market value.

8) **RETIREMENT AGE**

Participants are assumed to retire at their normal retirement age of 65 except for Oregon participants with 10 years of benefit service who are assumed to retire at age 62.

CHANGES SINCE THE PRIOR YEAR AND REASONS FOR CHANGE

All actuarial assumptions described above are the same as used in the prior year's report, except for the Funding and PBGC Premium interest rate assumptions, which are mandated changes by law. The mortality table projection scale was updated to the MP-2019 scale from the MP-2018 scale for Funding purposes and the MP-2020 scale from the MP-2019 scale for ASC 960 purposes.

Finally, the ASC 960 Discount Rate was changed from 3.10% to 2.50% to reflect the expected benefit payment stream using the December 2020 Citigroup Pension Discount Curve spot rates.

2021 Form 5500 Schedule SB: Line 32
Plan Name: The TPM Pension Plan for Employees of L.D. McFarland Company, Ltd.
Employer ID Number: 65-1195441
Plan Number: 001

Schedule of Amortization Bases

Charge	Date Established	Original Balance	Remaining Balance	Remainin g Years To Fund	Annual Payment
Shortfall	1/1/2015	\$ (49,226)	\$ (8,186)	1	\$ (8,186)
Shortfall	1/1/2016	34,592	11,246	2	5,715
Shortfall	1/1/2017	63,213	30,150	3	10,380
Shortfall	1/1/2018	87,402	54,380	4	14,268
Shortfall	1/1/2019	94,181	71,753	5	15,303
Shortfall	1/1/2020	(40,027)	(35,528)	6	(6,483)
Shortfall	1/1/2021	143,240	<u>143,240</u>	7	<u>22,972</u>
Net Shortfall Amortization			\$ 267,055		\$ 53,969