

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;">2022</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>PORT TOWNSEND PAPER CORPORATION RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>01/01/1984</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>PORT TOWNSEND PAPER CORPORATION</u> <u>100 MILL ROAD</u> <u>PORT TOWNSEND, WA 98368</u>	2b Employer Identification Number (EIN) <u>91-1226624</u>	2c Sponsor's telephone number <u>360-385-3170</u>	
		2d Business code (see instructions) <u>322100</u>	
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN		
	3c Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN		
5a Total number of participants at the beginning of the plan year.....	5a	<u>17</u>	
b Total number of participants at the end of the plan year	5b	<u>15</u>	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c		
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>2</u>	
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>1</u>	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	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.	<u>10/13/2023</u>	<u>KRAIG MICHELS</u>
	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 478200. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	373015	318851
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	373015	318851
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	0	
(2) Participants.....	8a(2)	0	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	5219	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		5219
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	59383	
e Certain deemed and/or corrective distributions (see instructions).....	8e	0	
f Administrative service providers (salaries, fees, commissions).....	8f	0	
g Other expenses.....	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		59383
i Net income (loss) (subtract line 8h from line 8c).....	8i		-54164
j Transfers to (from) the plan (see instructions).....	8j	0	

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:
1A 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		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 covered by a fidelity bond?.....	10c	X		3000000
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	
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			
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 11 blank and complete 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? (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. ☐ Yes ☒ No

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** 0

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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>PORT TOWNSEND PAPER CORPORATION RETIREMENT PLAN</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>PORT TOWNSEND PAPER CORPORATION</u>	D Employer Identification Number (EIN) <u>91-1226624</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>2022</u>	
2 Assets:	
a Market value.....	2a <u>373015</u>
b Actuarial value	2b <u>373015</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>4</u> (2) Vested Funding Target <u>151162</u> (3) Total Funding Target <u>151162</u>
b For terminated vested participants.....	<u>11</u> <u>81447</u> <u>81447</u>
c For active participants.....	<u>2</u> <u>25439</u> <u>25439</u>
d Total	<u>17</u> <u>258048</u> <u>258048</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>5.23</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>10/10/2023</u>
	Signature of actuary	Date
<u>NANCY TEAGUE LEE</u>	Type or print name of actuary	<u>23-07500</u>
		Most recent enrollment number
<u>NWPS</u>	Firm name	<u>650-960-5700</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) 2022
v. 220413

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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>13.19</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>5.40</u> %.....		0
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.....		0
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	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	144.55 %
15 Adjusted funding target attainment percentage	15	144.55 %
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	136.00 %
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
			Totals ►	18(b)	0
				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	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
26 Demographic and benefit information		
a 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
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" 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	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

2022 Form 5500 Schedule SB:

Line 26

Plan Name:

Port Townsend Paper Corporation Retirement Plan

Employer ID Number:

91-1226624

Plan Number:

001

Schedule of Active Participant Data

Benefit Service Age	<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	1	0	0	0	0	0	0	0	0	1
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	1	0	0	0	0	0	0	1
Total	0	1	0	1	0	0	0	0	0	0	2

PORT TOWNSEND PAPER CORPORATION
RETIREMENT PLAN
EIN/PN: 91-1226624/001

2022 Form 5500 Schedule SB, Part V: Actuarial Method and Assumptions

As prescribed by federal law, the funding method used for this valuation is the "Unit Credit" funding method.

1) INTEREST RATE

2022 adjusted segment rates under the American Rescue Plan Act with no lookback month (4.75%, 5.18%, and 5.92%). Unadjusted segment rates with no lookback month for maximum tax-deductible contribution calculations (0.88%, 2.61%, and 3.27%).

2) MORTALITY

For Funding and PBGC premium purposes, the sex-distinct RP-2014 (Combined) Mortality Table projected using the MP-2020 projection scale was used to estimate participant mortality rates.

3) TERMINATIONS

Sample rates of termination are shown below:

<u>Age</u>	<u>Number Terminating per 1,000 Covered</u>
20	263
25	185
30	137
35	92
40	60
45	43
50	33
55	26
60	22
65	0

4) SALARY SCALE

Since the Plan was frozen on December 31, 2011, this assumption no longer applies.

PORT TOWNSEND PAPER CORPORATION
RETIREMENT PLAN
EIN/PN: 91-1226624/001

2022 Form 5500 Schedule SB, Part V: Actuarial Method and Assumptions (continued)

5) VALUATION OF ASSETS

Plan assets are valued at market value.

6) RETIREMENT AGE

Participants are assumed to retire on their Normal Retirement Date, age 65, or immediately, if older.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 PORT TOWNSEND PAPER CORPORATION RETIREMENT PLAN	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 PORT TOWNSEND PAPER CORPORATION	D Employer Identification Number (EIN) 91-1226624
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>2022</u>			
2 Assets:			
a Market value	2a	373,015	
b Actuarial value	2b	373,015	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	4	151,162	151,162
b For terminated vested participants	11	81,447	81,447
c For active participants	2	25,439	25,439
d Total	17	258,048	258,048
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	5.23%	
6 Target normal cost			
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	

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>10/10/2023</u> Date
Nancy Teague Lee Type or print name of actuary		2307500 Most recent enrollment number
NWPS Firm name		650-960-5700 Telephone number (including area code)
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) 2022**
v. 220413

2022 Form 5500 Schedule SB: Line 22

Plan Name: Port Townsend Paper Corporation Retirement Plan

Employer ID Number: 91-1226624

Plan Number: 001

Description of Weighted Average Retirement Age

All participants are assumed to retire at the Plan's Normal Retirement Age of 65.

**PORT TOWNSEND PAPER CORPORATION
RETIREMENT PLAN
EIN/PN: 91-1226624/001**

2022 Form 5500 Schedule SB, Part V: Summary of Plan Provisions

1) EFFECTIVE DATE

The plan became effective on January 2, 1984. The plan is a floor plan promising a guaranteed benefit at retirement age or, if greater, the benefit purchased by a Money Purchase account maintained for each participant. The Plan was frozen effective December 31, 2011.

2) FUNDING

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

3) EMPLOYEES INCLUDED

All employees shall be eligible to participate on the January 1 or July 1 coincident with or following the attainment of age 21 and the completion of one year of employment during which such employee works at least 1,000 hours. Effective December 31, 2005, salaried employees' MPP accounts were transferred to the Retirement Savings Plan, and the defined benefit floor benefit was terminated. Effective January 1, 2010, newly hired union employees are only eligible for the Money Purchase employer contribution. Effective December 31, 2011 the Plan was frozen to all new entrants.

4) YEAR OF SERVICE

For purposes of determining when an employee meets the eligibility requirement defined above, "Year of Service" means a computation period during which the employee completes at least 1,000 hours of service. "Computation Period" means the 12-month period commencing with the employee's date of hire. In the event an employee does not complete 1,000 hours in this initial 12-month period, "Computation Period" means the plan year, commencing with the year which includes the employee's first anniversary of employment.

For purposes of determining vesting service, "Year of Service" means a plan year in which the employee completes 1,000 hours of service. Former employees of Crown Zellerbach at the pulp, paper and bag factory in Port Townsend will receive vesting service credit for service prior to 1984 once they complete five years of vesting service.

**PORT TOWNSEND PAPER CORPORATION
RETIREMENT PLAN
EIN/PN: 91-1226624/001**

2022 Form 5500 Schedule SB, Part V: Summary of Plan Provisions (continued)

For purposes of determining whether an employee is eligible to receive employer contributions and to receive Benefit Service, "Year of Service" means a plan year in which a participant completes at least 1,000 hours of service starting with the plan year in which an employee becomes a participant.

For all purposes, service is frozen as of the Plan Termination date of December 31, 2011.

5) BREAK IN SERVICE

A calendar year during which an employee fails to complete 500 hours of employment results in a break in service. For the sole purpose of determining whether or not a break in service has occurred, hours of service include periods while on a leave of absence, in military service or absence due to illness or accident.

6) PLAN YEAR

The plan year is the twelve-month period beginning January 1 and ending December 31.

7) COMPENSATION

Compensation means gross salaries and wages received while a Participant in the plan. Compensation includes cash profit sharing paid by the employer plus 401(k) deferrals made by an employee to the 401(k) plan but excludes amounts contributed to this plan, any group insurance plan, any plan of deferred compensation, or any other employee benefit plan maintained by the employer on behalf of an employee to which contributions are excludable from gross income. All compensation is frozen as of the Plan Termination date of December 31, 2011.

8) EMPLOYER CONTRIBUTIONS

The Company will contribute such amounts so as to maintain the Defined Benefit portion of the trust at an adequate level, as determined from time to time by an Enrolled Actuary.

9) RETIREMENT DATE

The normal retirement date for any participant shall be his or her 65th birthday. An early retirement date is permitted on the date the participant has attained age 55 and completed ten years of vesting service.

PORT TOWNSEND PAPER CORPORATION
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10) RETIREMENT BENEFITS

The monthly normal retirement benefit is the greater of a participant's Defined Benefit Floor Benefit and Defined Contribution Account Benefit payable as a single life annuity for the life of the participant.

Defined Benefit Floor Benefit

The monthly guaranteed benefit is equal to the Special Benefit Factor (SBF) in effect in the year of termination multiplied by the total number of years of Benefit Service earned. The SBF's are:

Basic Hourly Rate at Employment <u>Commencement Date</u>	Pre-Jan. 1, 1995 <u>Special Benefit Factor</u>	Post-Dec. 31, 1994 <u>Special Benefit Factor</u>
\$9.99 or less	\$16.00	\$20.00
\$10.00 - \$11.49	18.00	20.00
\$11.50 - \$13.24	20.00	22.50
\$13.25 - \$14.99	22.50	25.00
\$15.00 - \$16.49	25.00	27.00
\$16.50 or more	27.00	27.00

Defined Contribution Account Benefit

The participant's account balance as of his or her termination date, divided by the greater of the plan's age 65 annuity factor and the current lump sum factor.

Early Retirement Benefit

The early retirement benefit amount is equal to the actuarial equivalent of the normal retirement benefit.

11) RETIREMENT BENEFIT OPTIONS

- a) Straight life annuity (normal form).
- b) 100% joint and survivor annuity.
- c) Lump sum.

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12) DISABILITY BENEFIT

A participant becomes 100% vested upon disability. In addition, the disabled participant is entitled to choose an unreduced annuity benefit if the participant receives his/her benefit in the form of an annuity.

13) DEATH BENEFIT

If death occurs before or after termination of employment but before retirement, and the participant is legally married, a benefit for life will be paid to the spouse equal to 100% of the benefit the participant would have received had the participant elected a 100% Joint and Survivor annuity at the time of death. If the participant was not eligible for early or normal retirement at the time of death, the benefit would be calculated as if the participant terminated on the date of death, survived to the earliest retirement date, and elected a 100% Joint and Survivor annuity. A participant will be 100% vested on the date of death.

14) VESTED BENEFIT

Effective, January 1, 2008, if the terminating participant has completed three or more years of service, the participant is fully vested in his or her accrued benefit. Prior to that, participants needed to complete five or more years of service to be fully vested in their accrued benefit. Participants included in the December 28, 2001 layoffs were automatically fully vested.

2022 Form 5500 Schedule SB: Line 25

Plan Name: Port Townsend Paper Corporation Retirement Plan

Employer ID Number: 91-1226624

Plan Number: 001

Change in Method

There was a change in valuation software for the 1/1/2022 actuarial valuation.

This change is automatically approved under Revenue Procedure 2017-56 Section 4.02.