

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2024 and ending 02/21/2024

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ..... ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information—enter all requested information**

|   |              |  |              |
|---|--------------|--|--------------|
| <b>1a</b> Name of plan<br>PORTLAND COATINGS, INC. DBA WILLIAMSEN & BLEID CASH BALANCE PLAN  |              | <b>1b</b> Three-digit plan number (PN) ▶       | 002          |
|   |              | <b>1c</b> Effective date of plan               | 01/01/2016   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>PORTLAND COATINGS, INC. DBA WILLIAMSEN & BLEID<br><br>11015 SW CAPITOL HIGHWAY<br>PORTLAND, OR 97219 |              | <b>2b</b> Employer Identification Number (EIN) | 20-4515376   |
|   |              | <b>2c</b> Sponsor's telephone number           | 503-288-5241 |
|   |              | <b>2d</b> Business code (see instructions)     | 238300       |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.   |              | <b>3b</b> Administrator's EIN                  |              |
|   |              | <b>3c</b> Administrator's telephone number     |              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  |              | <b>4b</b> EIN                                  |              |
|   |              | <b>4d</b> PN                                   |              |
| <b>5a</b> Total number of participants at the beginning of the plan year .....  | <b>5a</b>    |  | 2            |
| <b>b</b> Total number of participants at the end of the plan year.....  | <b>5b</b>    |  | 0            |
| <b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....  | <b>5c(1)</b> |  |              |
| <b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  | <b>5c(2)</b> |  |              |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year.....  | <b>5d(1)</b> |  | 0            |
| <b>d(2)</b> Total number of active participants at the end of the plan year.....  | <b>5d(2)</b> |  | 0            |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....   | <b>5e</b>    |  | 0            |

**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. | 06/03/2024 | EVAN NYLAND  |
|           | 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 \_\_\_\_\_ (See instructions.)

| <b>Part III Financial Information</b> |  |                              |                        |
|---------------------------------------|--|------------------------------|------------------------|
| <b>7</b>                              |  | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>7</b>                              | Plan Assets and Liabilities  |                              |                        |
| <b>a</b>                              | Total plan assets.....   | <b>7a</b> 618                | 0                      |
| <b>b</b>                              | Total plan liabilities.....  | <b>7b</b> 0                  | 0                      |
| <b>c</b>                              | Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b> 618                | 0                      |
| <b>8</b>                              |  | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b>                              | Contributions received or receivable from:   |                              |                        |
| <b>(1)</b>                            | Employers.....   | <b>8a(1)</b> 0               |                        |
| <b>(2)</b>                            | Participants.....  | <b>8a(2)</b> 0               |                        |
| <b>(3)</b>                            | Others (including rollovers).....  | <b>8a(3)</b> 0               |                        |
| <b>b</b>                              | Other income (loss).....   | <b>8b</b> 0                  |                        |
| <b>c</b>                              | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....                                  | <b>8c</b>                    | 0                      |
| <b>d</b>                              | Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b> 618                |                        |
| <b>e</b>                              | Certain deemed and/or corrective distributions (see instructions) .                        | <b>8e</b> 0                  |                        |
| <b>f</b>                              | Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b> 0                  |                        |
| <b>g</b>                              | Other expenses.....  | <b>8g</b> 0                  |                        |
| <b>h</b>                              | Total expenses (add lines 8d, 8e, 8f, and 8g).....   | <b>8h</b>                    | 618                    |
| <b>i</b>                              | Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>                    | -618                   |
| <b>j</b>                              | Transfers to (from) the plan (see instructions).....                                       | <b>8j</b>                    |                        |

| <b>Part IV Plan Characteristics</b> |  |
|-------------------------------------|--|
| <b>9a</b>                           | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>1A 1C |
| <b>b</b>                            | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:          |

| <b>Part V Compliance Questions</b> |   |            |           |               |
|------------------------------------|---|------------|-----------|---------------|
| <b>10</b>                          |   | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
| <b>a</b>                           | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)..... |            | X         |               |
| <b>b</b>                           | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....  |            | X         |               |
| <b>c</b>                           | Was the plan covered by a fidelity bond?.....   | X          |           | 500000        |
| <b>d</b>                           | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....   |            | X         |               |
| <b>e</b>                           | 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.).....   |            | X         |               |
| <b>f</b>                           | Has the plan failed to provide any benefit when due under the plan?.....  |            | X         |               |
| <b>g</b>                           | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....  |            | X         |               |
| <b>h</b>                           | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....  |            | X         |               |
| <b>i</b>                           | 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.....   |            |           |               |

**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**

**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

**a** 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.)

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**14b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

**15** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501826A.



## EFAST2 Filing Authorization 2023 and 2024 Form 5500-SF

Name of Plan: Portland Coatings, Inc. dba Williamsen & Bleid Cash Balance Plan

EIN / PN: 20-4515376/002

Plan Year Ending: December 31, 2023, February 21, 2024

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### Authorization of Practitioner to Electronically Sign and File

I hereby authorize Economic Group Pension Services, Inc. (EGPS) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- **A copy of my signature, as it appears on page 1 of the Form 5500SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.**
- I/we must manually sign and date page 1 of the Form 5500-SF and return a copy of that signature page to EGPS **before** the electronic filing can be initiated;
- EGPS will retain a copy of this written authorization in its records;
- EGPS will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report;
- EGPS shall not be deemed the Plan Administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:  Date: 06/03/2024

Employer/Plan Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not the Plan Administrator)

***The designated service provider must retain this authorization.  
Do not submit this form to the DOL unless requested to do so.***

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

**B** This return/report is  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

**C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**D** If the plan is a collectively-bargained plan, check here..... ▶

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information—enter all requested information**

|  |  |           |   |          |   |             |  |             |  |             |   |             |   |          |
|--|--|-----------|---|----------|---|-------------|--|-------------|--|-------------|---|-------------|---|----------|
| <b>1a</b> Name of plan<br>Portland Coatings, Inc. dba Williamsen & Bleid Cash Balance Plan   | <b>1b</b> Three-digit plan number (PN) ▶ 002   |           |   |          |   |             |  |             |  |             |   |             |   |          |
|  | <b>1c</b> Effective date of plan<br>01/01/2016   |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Portland Coatings, Inc. dba Williamsen & Bleid<br><br>11015 SW Capitol Highway<br><br>Portland OR 97219 | <b>2b</b> Employer Identification Number (EIN)<br>20-4515376   |           |   |          |   |             |  |             |  |             |   |             |   |          |
|  | <b>2c</b> Sponsor's telephone number<br>503-288-5241   |           |   |          |   |             |  |             |  |             |   |             |   |          |
|  | <b>2d</b> Business code (see instructions)<br><br>238300   |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number  |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN<br><br><b>4d</b> PN  |           |   |          |   |             |  |             |  |             |   |             |   |          |
|  | <table border="1"> <tr> <td><b>5a</b></td> <td>7</td> </tr> <tr> <td><b>b</b></td> <td>2</td> </tr> <tr> <td><b>c(1)</b></td> <td></td> </tr> <tr> <td><b>c(2)</b></td> <td></td> </tr> <tr> <td><b>d(1)</b></td> <td>4</td> </tr> <tr> <td><b>d(2)</b></td> <td>0</td> </tr> <tr> <td><b>e</b></td> <td>0</td> </tr> </table> | <b>5a</b> | 7 | <b>b</b> | 2 | <b>c(1)</b> |  | <b>c(2)</b> |  | <b>d(1)</b> | 4 | <b>d(2)</b> | 0 | <b>e</b> |
| <b>5a</b>  | 7  |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>b</b>   | 2  |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>c(1)</b>  |  |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>c(2)</b>  |  |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>d(1)</b>  | 4  |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>d(2)</b>  | 0  |           |   |          |   |             |  |             |  |             |   |             |   |          |
| <b>e</b>   | 0  |           |   |          |   |             |  |             |  |             |   |             |   |          |

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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 |                                    | 6/3/24 | Evan Nyland  |
|           | Signature of plan administrator    | Date   | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                    |        | Evan Nyland  |
|           | Signature of employer/plan sponsor | Date   | Enter name of individual signing as employer or plan sponsor |

**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**

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 an amended return/report  a short plan year return/report (less than 12 months)

**C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)


**D** If the plan is a collectively-bargained plan, check here..... ▶

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information—enter all requested information**

|  |  |              |
|--|--|--------------|
| <b>1a</b> Name of plan<br>Portland Coatings, Inc. dba Williamsen & Bleid Cash Balance Plan   | <b>1b</b> Three-digit plan number (PN) ▶       | 002          |
|  | <b>1c</b> Effective date of plan               | 01/01/2016   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Portland Coatings, Inc. dba Williamsen & Bleid<br><br>11015 SW Capitol Highway<br><br>Portland OR 97219 | <b>2b</b> Employer Identification Number (EIN) | 20-4515376   |
|  | <b>2c</b> Sponsor's telephone number           | 503-288-5241 |
|  | <b>2d</b> Business code (see instructions)     | 238300       |
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.  | <b>3b</b> Administrator's EIN                  |              |
|  | <b>3c</b> Administrator's telephone number     |              |
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|  | <b>4d</b> PN                                   |              |
| <b>5a</b> Total number of participants at the beginning of the plan year.....  | <b>5a</b>                                      | 2            |
| <b>b</b> Total number of participants at the end of the plan year .....  | <b>5b</b>                                      | 0            |
| <b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....   | <b>5c(1)</b>                                   |              |
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| <b>d(1)</b> Total number of active participants at the beginning of the plan year .....  | <b>5d(1)</b>                                   | 0            |
| <b>d(2)</b> Total number of active participants at the end of the plan year.....   | <b>5d(2)</b>                                   | 0            |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <b>5e</b>                                      | 0            |

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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 |  | 06/03/2024 | Evan Nyland  |
|           | Signature of plan administrator   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |   |            | Evan Nyland  |
|           | Signature of employer/plan sponsor  | Date       | Enter name of individual signing as employer or plan sponsor |



# Post-Distribution Certification for Standard Termination

## PBGC Form 501

Approved OMB 1212-0036  
Expires 3/31/2026

### PART I. IDENTIFYING INFORMATION

Check here if you previously filed a Form 501 for this plan.  If checked, provide dates of filing(s): \_\_\_\_\_

|  |   |
|--|---|
| <b>1a</b> Plan Name<br>Portland Coatings, Inc. dba Williamsen & Bleid Cash Balance Plan<br><br>Attach copy of the most recent complete plan document and any amendments to it. | <b>1b</b> 9-digit employer identification number (EIN)<br>20-4515376<br><b>1c</b> 3-digit plan number (PN)<br>002 |
| <b>2</b> PBGC case number  | 8-digit Case # 24548400   |

### PART II. DISTRIBUTION INFORMATION

|   |  |
|---|--|
| <b>3a</b> Last distribution date in satisfaction of plan benefits   | (MM/DD/YYYY) 12/26/2023  |
| <b>3b</b> Date of receipt of IRS determination letter   | (MM/DD/YYYY)   |
| <b>4</b> Were participants and beneficiaries provided with the name and address of the insurer(s) no later than 45 days before the date of distribution?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>5</b> Were you able to locate all participants and beneficiaries? If "No," see instructions.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <b>6a</b> Has a copy of the annuity contract, certificate, or written notice been provided to each participant and beneficiary receiving benefits in the form of an irrevocable commitment?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>6b</b> If "Yes" to 6a, enter the latest date the annuity contract, certificate, or written notice was provided to each participant and beneficiary receiving benefits:<br>If "No" or "N/A", see instructions | (MM/DD/YYYY)   |
| <b>7a</b> Complete name of record of insurer(s) from whom annuity contracts, if any, have been purchased  | <b>7b</b> Annuity Contract Number(s)   |
| <b>8a</b> Name and address of contact for location of plan records<br>Portland Coatings, Inc. dba Williamsen & Bleid<br>11015 SW Capitol Highway<br>Portland, OR 97219  | <b>8b</b> Telephone number<br>503-288-5241   |

| 9 Summary of distribution of plan benefits. Attach distribution documents (see instructions). |  |                      |
|---|--|----------------------|
| Type of Benefit   | (1) # of Participants or Beneficiaries | (2) Total Cost/Value |
| <b>a</b> Annuities purchased  |  |                      |
| (1) For Non-Missing Participants  | 0                                      |                      |
| (2) For Missing Participants  | 0                                      |                      |
| (3) Total   | 0                                      | \$ 0.00              |
| <b>b</b> Lump sums (including direct transfers)   |  |                      |
| (1) Consensual  | 7                                      | \$ 1,572,392.48      |
| (2) Nonconsensual (i.e., mandatory cash-outs)   | 0                                      | \$ 0.00              |
| (3) Total   | 7                                      | \$ 1,572,392.48      |
| <b>c</b> Benefits transferred to PBGC for Missing Participants                                |  |                      |
| (1) Benefits transferred  | 0                                      | \$ 0.00              |
| (2) Other amounts due PBGC (see instructions)   |  | \$ 0.00              |
| <b>d</b> No Distribution  | 0                                      |                      |
| <b>e</b> TOTAL (see instructions)   | 7                                      | \$ 1,572,392.48      |

### PART III. PLAN ADMINISTRATOR CERTIFICATION

I, the Plan Administrator, certify that to the best of my knowledge and belief that (1) benefits payable with respect to participants have been calculated and valued correctly in accordance with applicable provisions of ERISA and the regulations thereunder; (2) all plan benefits (through priority category 6 under ERISA Section 4044 and 29 CFR Part 4044) under the plan have been satisfied; (3) plan assets in excess of those needed to satisfy all plan benefits (through priority category 6 under ERISA Section 4044 and 29 CFR Part 4044) have been or will be distributed in accordance with applicable provisions of ERISA and the regulations thereunder; and (4) the information contained in this filing is true, correct, and complete. I further certify that I am aware that records supporting the calculation and valuation of benefits and assets must be kept at least six years after the date this post-distribution certification is filed. **In executing this document, I certify that the foregoing is true and correct, and recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. §1001.**

|  |   |
|--|---|
| Plan Administrator's company name and address (Address should include room or suite no.)<br>Portland Coatings, Inc. dba Williamsen & Bleid<br>11015 SW Capitol Highway<br>Portland, OR 97219 | Telephone number<br>503-288-5241<br>E-mail address (optional)                     |
| <br>Plan Administrator's signature   | 06/03/2024<br>Date<br>Evan Nyland<br>Printed name and title of Plan Administrator |