	m 5500-SF	Short Form Annua	Il Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be filed		065 of the Employee Retirement 2018			
	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the e).		This Form is Open to			
Pension Be	enefit Guaranty Corporation	ructions to the Form 55	500-SF.	Public Inspection			
Part I		dentification Information					
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/20			2/31/2018		
A This ret	urn/report is for:	X a single-employer plan	list of participating en			king this box must attach a <i>v</i> ith the form instructions.)	
		a one-participant plan	a foreign plan				
B This retu	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	m/report (less than 12 m	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter descrip	otion)				
Part II	Basic Plan Infor	mation—enter all requested info	ormation				
1a Name	•				1b Thre		
PAC CON 40	01(K) PLAN				plan (PN)	number 001	
						ctive date of plan	
						07/01/2017	
		rer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	Box)		2b Empl (EIN)	loyer Identification Number 91-1980208	
	town, state or province	e, country, and ZIP or foreign posta N, INC.	l code (if foreign, see inst	ructions)	,	nsor's telephone number 253-826-2727	
					2d Busir	ness code (see instructions)	
P.O. BOX 11						423400	
MILTON, WA	x 98354					420400	
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spons	sor		3b Admi	inistrator's EIN	
					3c Admi	inistrator's telephone number	
		plan sponsor or the plan name has			4b EIN		
•	an, enter the plan spon or's name	sor's name, EIN, the plan name ar	nd the plan number from t	he last return/report.	4d PN		
C Plan N					TU FN		
5a Total r	number of participants a	at the beginning of the plan year			5a	21	
b Total r	number of participants a	at the end of the plan year			5b	30	
	· ·	ccount balances as of the end of th			5c	24	
•	,	ticipants at the beginning of the pla			5d(1)	19	
d(2) Tota	al number of active par	ticipants at the end of the plan year	r		5d(2)	23	
		terminated employment during the			5e	4	
Caution: A	penalty for the late o	r incomplete filing of this return	report will be assessed	unless reasonable cau	use is esta	blished.	
Under pena SB or Sche	alties of perjury and oth edule MB completed an	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule	
	rue, correct, and comp	lete. /alid electronic signature.	06/03/2019	NUALA O'BOYLE			
SIGN HERE						oo plan administrator	
	Signature of plan ac	annulistrator	Date	Enter name of individe	uai signing	as pian auministrator	
SIGN HERE	0 '			.			
	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor	

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

Form 5500-SF (2018) v.171027

No Not determin (See instruction
(See instruction
b) End of Year
61265
61265
(b) Total
46456
330
46126
the instructions:
ne instructions:

10	During the plan year:		Yes	No	Amount
а	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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		30000
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	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	X		38
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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

F	orm 5500-SF	Short Form Annu	al Return/Repo	rt of Small Empl	ovee	OMB Nos. 1210-0110
C	Department of the Treasury Internal Revenue Service		Benefit Plan	1		1210-0089
Employ	Department of Labor ee Benefits Security Administration	This form is required to be file Income Security Act of 1974	(LINIOA), and sections t	057(b) and 6058(a) of the	letirement Internal	2018
Pensio	on Benefit Guaranty Corporation	Complete all entries In	Revenue Code (the Co			This Form is Open to Public Inspection
Part		Complete all entries In Identification Information	accordance with the in	structions to the Form 5	500-SF.	
For cale	endar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	10/	31/2018
		X a single-employer plan	the second se		Filers check	king this box must attach a
A This	return/report is for:	a one-participant plan	list of participating of a foreign plan	employer information in ac	cordance w	vith the form instructions.)
B This r	return/report is		-			
		the first return/report	the final return/repor			
-		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Cheo	ck box if filing under:	Form 5558	automatic extension			
		special extension (enter descr			DFVC p	rogram
Part II	Basic Plan Info	rmation-enter all requested int	formation			
1a Nam	ne of plan	enter all requested in	ormation			
PAC	C CON 401(k) PL	AN			1b Three	
					(PN)	number 001
						tive date of plan
2a Plan	Sponsor's name (employ	yer, if for a single-employer plan)				01/2017
IVIAIII	ing address (include roor	n ant suite no and street as D.O.	. Box)		2b Empl	oyer Identification Number
Ony	or town, state or provinci	e, country, and ZIP or foreign post-	al code (if foreign, see ins	structions)		91-1980208
Fac	construct	ion-Milton, Inc.			2C Spon	sor's telephone number
P.C). Box 1139			-		-826-2727
	2200				zu Busin	ess code (see instructions)
Mil	ton	WA 9835	4			
3a Plan	administrator's name an	d address X Same as Plan Spon	-		4234	
		a cance as Flan Spon	sor.		3b Admir	histrator's EIN
					3c Admir	nistrator's telephone number
4 If the	name and/or EIN of the	ntan analas at an				
,	plan, enter the plan spon	plan sponsor or the plan name ha sor's name, EIN, the plan name ar	s changed since the last id the plan number from	return/report filed for the last return/report.	4b EIN	
C Plan	ie er e name				4d PN	
5a Total	I number of participants a	at the beginning of the plan year				
b Total	number of participants	at the beginning of the plan year			<u>5a</u>	21
		at the end of the plan year ccount balances as of the end of th			5b	30
	proto the fitterity			22101/03227=30	5c	24
u(1)10	tal number of active part	icipants at the beginning of the pla	n year		5d(1)	
d(2) To	tal number of active part	icipants at the end of the plan year			5d(2)	19
• Hall		HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	nine stands the state			23
					5e	- 4
Under pen	alties of periury and othe	penalties sot forth in the instruct	report will be assessed	unless reasonable caus	se is establ	ished.
SB or Sch belief, it is	edule MB completed and true, correct, and completed	I signed by an enrolled actuary, as etc.	well as the electronic ve	rsion of this return/report,	ort, including and to the l	g, if applicable, a Schedule best of my knowledge and
SIGN	X		06/03/19	Nuala O'Boyle		
IIGING	Signature of plan ad	ministrator _	Date		al cionica	
SIGN	1.	- [6/03/19	Enter name of individua	a signing as	0
HERE	Signature of employe	er/plan sponsor	Data	Jack slubo		nurer
For Paperw	ork Reduction Act Notice,	see the Instructions for Form 5500-5	SF,	citier name of individua	al signing as	employer or plan sponsor Form 5500-SF (2018) v.171027

à (

6a b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report under 29 CFR 2520, 104-462 (See Instructions on writer eligibility)	gible assets? (See instructions.) of an independent qualified public accountant (IQPA)	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan car	ly and conditions.)	X Yes No
~	If "Yes" is checked, enter the My PAA confirmation number from	insurance program (see ERISA section 4024)2	Not determined
	t III Financial Information		
7	Plan Assets and Liabilities	(a) Boginning of Yess	

а	Total plan assets	1	(a) beginning	OT YOS	Ir		(b) End of Year	
b	Total plan assets	. 7a		15	,139			61,265
C		. 7b						
8	(contract mic 7 b from mic 7a)	7c		15	,139			61,265
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	nt			(b) Total	
	(1) Employers	8a(1)		16	028			
	(2) Participants	8a(2)		_	926	-		
	(3) Others (including rollovers)	8a(3)		J-1	520			_
b	Other income (loss)	8b		- 1	498			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80		-4,	490			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				-			46,456
e	Certain deemed and/or corrective distributions (see instructions)	8e			-			
<u></u>	Administrative service providers (salaries, fees, commissions)	8f		-	330			
g	Other expenses	8g					Contraction of the second second	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			220
	Net income (loss) (subtract line 8h from line 8c)	8i						330
1	Transfers to (from) the plan (see instructions)	8j						46,126
	t IV Plan Characteristics							
b	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe							
Раг	V Compliance Questions							
10	During the plan year:				Yes	No		
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	uciary Correction	100	103	x	Amount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	0 /D = - + !		10a 10b		x		
С	Was the plan covered by a fidelity bond?				x			20.000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidality band	All a fundamental de la construcción de la construc	10c		x		30,000
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons b	y an insurance		x			
f	Has the plan failed to provide any benefit when due under the plan	12		10e				38
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	.)	10f	-	X X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	Soo instructi	and and an orr	10g		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	o roouined a	- At	10h 10l				
				101				

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Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum function and a ward on the state	complete Sc	hedule (BB	Yes [
 (Form 5500) and line 11a below). 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 12 Is this a defined contribution plan subject to minimum required contributions for all years from Schedule SB (Form 5500) line 40 				
ERISA?) of	Yes 5
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver. 		d enter	the date	of the letter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Aonth	Da	γ	Year
b Enter the minimum required contribution for this plan year	13.	1 401		
C Enter the amount contributed by the		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
negative amount)	eft of a	12d		
• Via the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?			[] Yes	X No
if fes, 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 brouger control of the PBGC? c If, during this plan year, any assets or liabilities were transferred to another plan, or brouger the plan to another plan. 				Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred.	fy the plan(s) to		
13c(1) Name of plan(s):	42-(0)	FINIZ N		
	136(2)	EIN(s)		13c(3) PN(s