## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection** 

Part I		Identification Information	1							
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
		a one-participant plan	a foreign plan							
B This return/report is the first return/report the final return/report										
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC prograi	m				
	T =	special extension (enter desc	' '							
Part II	Basic Plan Info	ormation—enter all requested in	formation		T					
1a Name SUNSET PA	•	NTRACTORS, INC. 401(K) PLAN	AND TRUST		1b Three-digiting plan numb (PN) ▶					
					1c Effective d	late of plan 01/01/1996				
		oyer, if for a single-employer plan)	D. David			dentification Number				
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posi		tructions)		91-1160338				
•	ACIFIC GENERAL CO		, ,	,		telephone number 3-588-9595				
					2d Business of	code (see instructions)				
	T ST, STE 200 D, WA 98499					236200				
	,									
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administra	tor's EIN				
					3c Administra	tor's telephone number				
					7 tallilliotta	tor o torophone number				
4										
		e plan sponsor or the plan name h onsor's name, EIN, the plan name a			<b>4b</b> EIN					
<b>a</b> Spons	sor's name				<b>4d</b> PN					
C Plan N	Name									
<b>5a</b> Total	number of participants	at the beginning of the plan year.			. 5a	11				
<b>b</b> Total	number of participants	at the end of the plan year			. 5b	13				
<b>C</b> Numb	per of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	6				
<b>d(1)</b> Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	10				
d(2) Total number of active participants at the end of the plan year					5d(2)	12				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	0						
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.								
SIGN		/valid electronic signature.	07/29/2019	LILA VASCONCELLO	os					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	ın administrator				
SIGN										
HERE	Signature of emplo	Signature of employer/plan sponsor Date Enter name of indiv				dividual signing as employer or plan sponsor				

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b Are you claiming a wieve of the annual examination and report of an independent qualified public accountant (ICPA)  If you answered "No" to either line 6 ar nine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500.  If you answered "No" to either line 6 ar nine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500.  If you answered "No" to either line 6 ar nine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500.  If you answered "No" to either line 6b ar nine 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500.  If you answered "No" to either line 6b ar nine 6b, the plan (see ERISA) section 40217		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No No	
If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						X Yes	: П No	
Brit   Free* is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)										, П
Part III   Financial Information  7   Plan Assets and Liabilities   7a   3   3   3   4   5   3   3   4   6   5   6   7   6   6   7   6   7   6   7   6   7   7	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)
7 Plan Assets and Liabilities	Pa	rt III Financial Information								
a Total plan assets	7			(a) Beginning	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а		7a	` '				(47 = 11		
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	b	·	7b		0				0	
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	3	14845				346077	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(2) Participants	а		0=(4)		17207					
(3) Other income (loss)  b Other income (loss)  c Total income (loss)  d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)  g Other expenses and diverse (salaries, fees, commissions)  g Other expenses and diverse (salaries, fees, commissions)  g Other expenses (add lines 8d, 8e, 8f, and 8g)		=								
b Other income (loss)										
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` '			3010				40232	
e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses			00						40202	
f Administrative service providers (salaries, fees, commissions)			8d		9000					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		0					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	her expenses							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9000	
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:  2E 2J 2K 3D  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:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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 have any participant loans? (If "Yes," enter amount as of year-end.)  10g X  10h X  10h X  10h X  10h X  10h X  10h X	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						31232	
9a	<u>j</u>	Transfers to (from) the plan (see instructions)	8j	0						
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:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X  If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
Figure 1   Figure 2   Figure 2	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
Part V Compliance Questions  10 During the plan year:  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)			eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
10 During the plan year:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the										
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а									
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X			
by fraud or dishonesty?	C	Was the plan covered by a fidelity bond?			10c	X			35	000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			10e		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f						X			
2520.101-3.)							X			
	h	2520.101-3.)	· ·····		10h		X			
	i				10i					

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1 3111 3333 31 (2313)	i ago 🗸 📑

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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			
С	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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0
	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 X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## 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.

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or fis	scal plan year beginning	01/01/2018	and ending	12/31/	2018				
A This ref	turn/report is for:	a single-employer plan		a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions						
_	·	a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	n				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name	of plan				<b>1b</b> Three-digit					
SUNSET	PACIFIC GENE	RAL CONTRACTORS, INC	. 401(K)		plan numb					
PLAN A	ND TRUST				(PN)	002				
					<b>1c</b> Effective d 01/01/					
		yer, if for a single-employer plan)			, ,	dentification Number				
Mailing City or	g address (include roor	n, apt., suite no. and street, or P.0	). Box) tal code (if foreign, see ins	etructions)	(EIN)91-	1160338				
SUNSET INC.	PACIFIC GENE	e, country, and ZIP or foreign post RAL CONTRACTORS,	ar oode (ii foreign, see inc	u douono,		telephone number 88-9595				
					2d Business o	code (see instructions)				
9500 F	RONT ST, STE	200								
LAKEWO	OD		W	A 98499	236200					
3a Plan a	dministrator's name ar	nd address $\overline{\mathbb{X}}$ Same as Plan Spo	nsor.		<b>3b</b> Administrator's EIN					
						tor's telephone number				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN					
<b>a</b> Spons	or's name	•	·	·	4d PN					
C Plan N	lame									
<b>5a</b> Total	number of participants	at the beginning of the plan year.			. 5a	11				
<b>b</b> Total	number of participants	at the end of the plan year			5b	13				
		account balances as of the end of			5c	6				
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	10				
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	C					
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Sche		her penalties set forth in the instrund signed by an enrolled actuary, a plete.								
SIGN	Carmen	~ /	7-29-19	CARMEN BROOKS						
HERE	Signature of plan a	_	Date	Enter name of individ	dual signing as pla	n administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor				

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>							□ 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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								rmined ctions.)
Pa	t III Financial Information								
7_	Plan Assets and Liabilities		(a) Beginning (				(b) Eı	nd of Year	C 077
	Total plan assets	7a		314,	845			34	6 <b>,</b> 077
	Total plan liabilities	7b		011	0				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		314,	845			34	6 <b>,</b> 077
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	) Total	
a	Contributions received or receivable from:  (1) Employers	8a(1)		17,					
	(2) Participants	8a(2)		17,	307				
	(3) Others (including rollovers)	8a(3)			0				
<u>b</u>	Other income (loss)	8b		5,	618				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	0,232
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9,	000				
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	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							9,000
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						3	1,232
j	Transfers to (from) the plan (see instructions)	8j	0						
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 3D$	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			3	5 <b>,</b> 000
d		fidelity bo	nd, that was caused	10d		Х			-,
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			
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)	ete Sch	edule Sl	B 	Yes	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o ERISA?	r sectio	n 302 of	:	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ons, and	d enter t Day		of the letter ruling Year	_
lf y	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						
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)						
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	s 🛚 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s	) to			
13c(1) Name of plan(s): 13c(2)					<b>13c(3)</b> PN(s)	