Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension 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

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information				
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018	
A This ref	turn/report is for:	x a single-employer plan		olan (not multiemployer) (mployer information in ac		
		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 retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım
		special extension (enter descri	iption)			
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Name PACKER EL	of plan ECTRIC 401(K) PLAN	N			1b Three-dig plan numb (PN) ▶	
					1c Effective of	date of plan 01/01/2013
		oyer, if for a single-employer plan)			2b Employer	Identification Number
		om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		structions)	(EIN)	20-8855506
PACKER EL			, -	,		s telephone number 08-589-7011
					2d Business	code (see instructions)
4107 EAST 4 IDAHO FALL						238210
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
						'
4 If the	name and/or FIN of th	e plan sponsor or the plan name ha	es changed since the last	return/report filed for	4b EIN	
this pl	lan, enter the plan spo	onsor's name, EIN, the plan name a				
•	or's name				4d PN	
C Plan N	varne					
5a Total	number of participants	s at the beginning of the plan year			5a	4
		s at the end of the plan year			5b	6
		account balances as of the end of t		· ·	5c	2
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	4
` '	· ·	articipants at the end of the plan yea			5d(2)	6
		o terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable car	use is establish	ed.
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.				
SIGN	Filed with authorized	d/valid electronic signature.	09/13/2019	MONTE PACKER		
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN	Filed with authorized	d/valid electronic signature.	09/13/2019	MONTE PACKER		
HERE	RE				ual signing as en	nployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	QPA)			Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							⊔	Ц
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)?	Г	Yes 🗆	lo Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from th					_			nstructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
а	Total plan assets	7a		30432				383	318
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	;	30432				383	318
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				b) Total	
	Contributions received or receivable from:		(a) 7 ano an					o, rota.	
	(1) Employers	8a(1)		5283					
	(2) Participants	8a(2)		5923					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-3288					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						79	18
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		32					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							32
ī	Net income (loss) (subtract line 8h from line 8c)	8i						78	386
j	Transfers to (from) the plan (see instructions)	8i							
Pai	t IV Plan Characteristics	<u> </u>							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	istic Co	odes in the	instructions	:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	nstructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		163	140		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g				10g		X			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		X			
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 complete (Form 5500) and line 11a below)			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 or se ERISA?		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 instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou 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?		Ye	s 🔀 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(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 section 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

		t Identification Information			10/01/001	
For	calendar plan year 2018 or f	fiscal plan year beginning	01/01/2018	and ending	12/31/2018	
Α	This return/report is for:	a single-employer plan	a multiple-employer pla a list of participating er	an (not multiemployer mployer information ir	r) (Filers checking thin accordance with the	s box must attach e form instructions.)
200		a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	the final return/report		501121	
		an amended return/report	a short plan year return	n/report (less than 12	months)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
_						
		formation enter all requested	information		1b Three-digit	
1a	Name of plan				plan number	er
	Packer Electric 40	01(k) Plan			(PN) ▶	001
					1c Effective da 01/01/20	하면 가는 것이 많아 이렇게 되었다.
2a	Mailing Address (include r	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	.O. Box)	nuctions)		dentification Number -8855506
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Packer Electric				2c Sponsor's t (208) 58	elephone number 39-7011
						ode (see instructions)
	4107 East 49 North	h			238210	
	US Idaho Falls ID 8340				01	. =".
3a	Plan administrator's name	and address X Same as Plan Sp	oonsor		3b Administrat	or's EIN
					3c Administrat	or's telephone number
_					4b EIN	The state of the s
4	If the name and/or EIN of this plan, enter the plan sp	the plan sponsor or the plan name boonsor's name, EIN, the plan name	has changed since the last rains and the plan number from the	eturn/report filed for ne last return/report.		
8	Sponsor's name				4d PN	
(Plan Name					
52	Total number of participar	nts at the beginning of the plan year	***************************************	*****************************	5a	4
b	Total number of participar	nts at the end of the plan year	***************************************		5b	6
C	Number of participants wi	th account balances as of the end o	f the plan year (only defined	contribution plans	5c	2
d		participants at the beginning of the p		***************************************	5d(1)	4
		participants at the end of the plan ye			5d(2)	6
	Number of participants when	no terminated employment during th	e plan year with accrued be	nefits that were	5e	0
<u>-</u>	less than 100% vested	***************************************	***************************************	***************************************	***	
0	Caution: A penalty for the la	ate or incomplete filing of this retu	urn/report will be assessed	d unless reasonable	cause is established	id.
S	Inder penalties of perjury and BB or Schedule MB complete relief, it is true, correct, and c	d other penalties set forth in the inst d and signed by an enrolled actuary complete.	ructions, I declare that I have, as well as the electronic ve	e examined this return ersion of this return/re	n/report, including, if eport, and to the best	applicable, a Schedule of my knowledge and
	m toh	4		Monte Packer		
1000	HERE Signature of plan	dministrator	Date 9-13-19	Enter name of indiv	idual signing as plan	administrator
	N. + 18	h		Monte Packer		
1000	HERE Signature of emplo	oyer/plan sponsor	Date 7-13-19	Enter name of indiv	idual signing as emp	loyer or plan sponsor
100	- J. J. Landier C. C. Timpre					

				_
7	-	~	-	າ
_	Н	а	е.	-

6a v	Vere all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)	********		*******	******	XYes	No
b A	are you claiming a waiver of the annual examination and report of an inder 29 CFR 2520.104-46? (See instructions on waiver eligibility an	n independend nd condition	ent qualified public accour s.)	********	************		•••••	XYes	□No
li	you answered "No" to either line 6a or line 6b, the plan cannot	t use rollii	(ass EDISA section	40241	о Г	TVae	Пис	Not de	etermined
C I	the plan is a defined benefit plan, is it covered under the PBGC ins "Yes" is checked, enter the My PAA confirmation number from the	PBGC prer	gram (see ERISA section mium filing for this year _	4021)				(See instru	ctions.)
	MALES STORE								-
Par			(a) Beginning of	Voar			(b) End	of Year	
	Plan Assets and Liabilities			,432	_		(10) = 110		318
	otal plan assets	7a	30	7,432				50,	510
	otal plan liabilities	7b	20	,432	-			38	318
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	7,432	_		(b)	Total	020
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		STORY.	21.5	(2)		
	1) Employers	8a(1)		5,283					
	2) Participants	8a(2)	!	5,923				No. of the last	
	3) Others (including rollovers)	8a(3)			7,00				
	Other income (loss)	8b	(3	,288)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			No. of			7,	918
d	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f .	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		32					20
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							32
i	Net income (loss) (subtract line 8h from line 8c)	8i						7	,886
i	Transfers to (from) the plan (see instructions)	8j				3,11			
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	s from the List of Plan Ch	aracte	ristic Coo	les in th	e instru	ctions:	
	2E 2F 2G 2J 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racteri	stic Code	s in the	instruc	tions:	
Pa	rt V Compliance Questions								
10	During the plan year:			Y	es No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribu	itions within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	uciary Correction						
	Program)			10a	X				
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not ir	nclude transactions	10b	x				
	reported on line 10a.)			10c	x				
<u>c</u>		fidelity hon	d that was caused						
d	by fraud or dishonesty?	**************	***************************************	10d	х				
е	carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of t	ne benefits under	10e	x				
f	Has the plan failed to provide any benefit when due under the pla	in?	***************************************	10f	Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g	х				
h		(See instru	ctions and 29 CFR	10h	x				
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	the required	I notice or one of the	10i					

Form 5500-SF 2018	

Part	VI	Pension Funding Compliance						
11	Is this a	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete Sc	hedule	SB		Yes X] No
11a	Enter th	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	Is this ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	*************	*********	***********		Yes X	<u> </u>
	grantin	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugg the waiver	ictions, ar	nd ente	er the date ay	of the Yea	letter ru ir	ling —
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter t	he amount contributed by the employer to the plan for the plan year	*********	12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	ft of a	12d				
е		e 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					9755	
		resolution to terminate the plan been adopted in any plan year?	*********		Yes	X	No	
	1110111	," enter the amount of any plan assets that reverted to the employer this year		13a				
b	control	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	***********	********		Yes	X No	
С	If, duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)	the plan(s) to				
1:		ame of plan(s):	13c(2) E	IN(s)		13	c(3) PN	(s)
	(.)						N.	

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