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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit HENDRIKUS GROUP, INC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 10/01/2000 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1387918 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number HENDRIKUS GROUP, INC 425-392-9977 2d Business code (see instructions) P.O. BOX 1289 238900 ISSAQUAH, WA 98027 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 3 5a Total number of participants at the beginning of the plan year 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 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 Filed with authorized/valid electronic signature. 07/03/2018 TINA C PETERSON SIGN HERE 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 Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	? (See instructions.)						X Yes	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	s No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
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
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		441325						0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		441325	1					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	- 41								
	(1) Employers	8a(1)			\dashv					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b								0
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								<u> </u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		441325						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				441325				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-441325				5
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2J 2K 2R 2G 2F	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	oluntary I	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	C Was the plan covered by a fidelity bond?									5300
d						X				
е		her persor ne or all of	ns by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
9	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes No
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Confirmation A?					Yes X No	
	(lf "\	'es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	Nonth _	s, and	d enter t Day		of the lett Year	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				entage		verage enefit test	□ N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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Revenue Code (the Code). ➤ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection**

Part I		t Identification Information			00 (20 (001				
For calend	dar plan year 2016 or	fiscal plan year beginning	10/01/2016	and ending	09/30/201				
a		X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must atta- list of participating employer information in accordance with the form instruction						
A This re	eturn/report is for:	a one-participant plan	list of participating e	rm instructions.)					
R This rat	turn/report is	the first return/report	X the final return/report						
D Instel	tumneport is	an amended return/report			onthe)				
		an amended return/report	an amended return/report						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program				
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation		·				
1a Name	of plan				1b Three-digit				
HENDRIK	US GROUP, INC	C 401(K) PLAN			plan number (PN) ▶	001			
					1c Effective date	of plan			
					10/01/200	•			
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.			2b Employer Ider (EIN)91-13				
•	•	ce, country, and ZIP or foreign pos	ital code (if foreign, see ins	structions)	2c Sponsor's tele	ephone number			
HENDRI.	KUS GROUP, IN				425-392-9				
P O BO	OX 1289				2d Business code	(see instructions)			
1.0. D	ON 1209				238900				
ISSAQUA	AH	WA 98027							
		and address X Same as Plan Spo	onsor.		3b Administrator's EIN				
						s telephone number			
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participants	s at the beginning of the plan year.			5a	3			
b Total	number of participants	s at the end of the plan year		*****	5b	0			
		account balances as of the end of			5c	0			
	•				5d(1)				
		articipants at the beginning of the p				3			
٠,,	•	articipants at the end of the plan ye			5d(2)	0			
		t terminated employment during the			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	d uniess reasonable ca	use is established.				
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, aplete.	ctions, I declare that I have as well as the efectronic ve	e examined this return/re ersion of this return/repo	port, including, if apprt, and to the best of t	licable, a Schedule ny knowledge and			
SIGN	1116	fitz	7/3/18	TINA C PETERS	ON				
HERE	Signature of plan	administrator	Date/	Enter name of individ	of individual signing as plan administrator				
OLON:	1100	1112	7/3/18	TINA C PETERS					
SIGN HERE /	Jua ?					var er elen eneger			
Preparer's	Signature of emplo	oyer/plan sponsor name, if applicable) and address (i	Date	Enter name of individual per)	luai signing as empio Preparer's telephoi				
, reparer s	reme fluoranish ititi i	mamo, ii appiioaoroj and address (i	no.add room or danc rums	··· ,					
					1				

		Form 5500-SF 2016		Page 2					•
b	Are your lf you	e all of the plan's assets during the plan year invested in eligibou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan canreplan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified publications.) prm 5500-SF and mus	account st inste	ant (IC	QPA) Form	1 5500	
Pa	rt III	Financial Information							
7	Plan A	Assets and Liabilities		(a) Beginning	of Year	-			(b) End of Year
а	Total	plan assets	7a		441,				0
b	Total	plan liabilities	7b						
С	Net pl	an assets (subtract line 7b from line 7a)	7c		441,	325			0
8	Incom	e, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) Total
а		butions received or receivable from: mployers	8a(1)						
	(2) P	articipants	8a(2)						
	(3) O	thers (including rollovers)	8a(3)						
b	Other	income (loss)	8b						
С	Total i	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						0
d		its paid (including direct rollovers and insurance premiums vide benefits)	8d		441,	325			
e	Certai	n deemed and/or corrective distributions (see instructions)	8e						
f	Admin	istrative service providers (salaries, fees, commissions)	8f						
g	Other	expenses	8g						
h	1 Total expenses (add lines 8d, 8e, 8f, and 8g)								441,325
i	Net income (loss) (subtract line 8h from line 8c)								-441,325
j	Transf	ers to (from) the plan (see instructions)	8j						
Par	t IV	Plan Characteristics							
9a		plan provides pension benefits, enter the applicable pension 3D 2J 2K 2R 2G 2F	feature co	des from the List of Pi	an Cha	racteri	stic Co	odes in	the instructions;
b	If the	plan provides welfare benefits, enter the applicable welfare fo	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	the instructions:
Par	t V	Compliance Questions							
10	Durin	ng the plan year:				Yes	No	N/A	Amount
а	desc	there a failure to transmit to the plan any participant contribu cribed in 29 CFR 2510.3-102? (See instructions and DOL's V gram)	oluntary F	iduciary Correction	10a		Х		
b		there any nonexempt transactions with any party-in-interest ted on line 10a.)			10b		Х		
С	Was	the plan covered by a fidelity bond?			10c	Х			53,000
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		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		х		
f	Has t	Has the plan failed to provide any benefit when due under the plan?					Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				10g		Х		
h		is an individual account plan, was there a blackout period? (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				10ì				

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[
Part V	Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scho	edule Si	B Yes	. ∏ No
1 1	Form 5500) and line 11a below)	т		. П ,,,о
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section RISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		Yes	X No
	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter t Day	the date of the letter ru / Year	uling
If y	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		I	
b E	nter the minimum required contribution for this plan year	12b		
C E	nter 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	Vill the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>	Yes No	N/A
Part V	Plan Terminations and Transfers of Assets			
13a	las a resolution to terminate the plan been adopted in any plan year?		X Yes No	
	f "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?		X Yes 🗍	No
	f, 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		
13	c(1) Name of plan(s); 13c(2)	EIN(s)	13c(3) F	PN(s)
Part \	/III Trust Information			
14a N	ame of trust	14b ⁻	Trust's EIN	
14c N	ame of trustee or custodian		Trustee's or custodiar telephone number	ı's
Part	X IRS Compliance Questions			
	the plan a 401(k) plan? If "No," skip b.		☐ No	
	ow did the plan satisfy the nondiscrimination requirements for employee deferrals under section	ent year	LI test	r" ADP
	/hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan Ratio		Average benefit test	□ N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

Yes

No

☐ No

Yes

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?