### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

**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.

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

For ca	alendar plan year 2017 or fi	fiscal plan year beginning	01/01/2018		and ending 0	9/30/2018					
<b>A</b> Th	nis return/report is for:	X a single-employer plan				(Filers checking this box must attach a accordance with the form instructions.)					
	·	a one-participant plan	а	foreign plan							
<b>B</b> Thi	is return/report is	the first return/report	X th	e final return/report							
		an amended return/rep	=		n/report (less than 12 m	nonths)					
C Ch	neck box if filing under:	☐ F 5550				-					
<b>O</b> 01	leck box if filling drider.	Form 5558		utomatic extension		DFVC program	l				
Dor	t II   Basia Blan Infe	special extension (ente	· '								
Part		ormation—enter all reque	sted informati	on		46					
	lame of plan ND HEALTH SERVICES, I	INC. 401(K) PLAN				1b Three-digit plan numbe (PN) ▶	r 005				
						1c Effective da					
M	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Id	entification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HOLLAND HEALTH SERVICES, INC.					uctions)		elephone number -424-7829				
						2d Business co	de (see instructions)				
P.O. BC MOUNT	DX 1406 Γ VERNON, WA 98273					446110					
	, , , , , , , , , , , , , , , , , , , ,										
<b>3a</b> ₽	lan administrator's name a	and address X Same as Pla	ın Sponsor.			3b Administrator's EIN					
						3c Administrate	or's telephone number				
<b>4</b> If	the name and/or FIN of th	ne plan sponsor or the plan n	ame has chai	nged since the last re	eturn/report filed for	<b>4b</b> EIN					
t	his plan, enter the plan spo	onsor's name, EIN, the plan									
	Sponsor's name					4d PN					
CP	Plan Name										
<b>5a</b> ⊺	Total number of participants	s at the beginning of the plar	year			5a	21				
<b>b</b> T	Total number of participants	s at the end of the plan year.				5b	0				
		account balances as of the				5c	0				
d(1	) Total number of active pa	articipants at the beginning o	f the plan yea	ır		5d(1)	21				
d(2	) Total number of active pa	articipants at the end of the p	olan year			5d(2)	0				
		o terminated employment du				5e	0				
Cauti	on: A penalty for the late	or incomplete filing of this	return/repo	rt will be assessed	unless reasonable ca						
SB or		other penalties set forth in the and signed by an enrolled ac applete.									
SIGN		d/valid electronic signature.		11/30/2018	JERRY WILLINS						
HERE		<del>_</del>		1_							

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

If you answered "No" to either line 6s or 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)?		<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>							X Ye		
7 Plan Assets and Liabilities	С	If you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC in:	ot use Fo surance p	rm 5500-SF and mus rogram (see ERISA se	t instea ection 4	ad use 021)?	Form	<b>5500</b> . Yes No	Not de	etermined	
a Total plan assets	Pai	rt III Financial Information									
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	d of Year		
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	54	45612					)	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (8a(2) (3) Others (including rollovers). (8a(3) (3) Others (including rollovers). (4) Employers (5) Do Other income (loss). (8a(3) (6) Do Other income (loss). (8a(3) (8a(3), and 8b). (9a(3), and 8b). (9a(3), and 8b). (9a(4), and 8b). (	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers)	С	Net plan assets (subtract line 7b from line 7a)	7c	54	45612				(	)	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
(3) Others (including rollovers)	<u>а</u>		8a(1)								
b Other income (loss)		(2) Participants	8a(2)		318						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		11307						
e Certain deemed and/or corrective distributions (see instructions)			8c						1162	5	
f Administrative service providers (salaries, fees, commissions)			8d	55	57112						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)			125						
i Net income (loss) (subtract line 8h from line 8c)		·									
Transfers to (from) the plan (see instructions)											
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 2F 2G 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.)  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?  4 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.)  10b X  10c X  15000  10c X  15000  10d X									-54561	2	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Part V	_		8j								
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	_										
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)		2E 2J 2K 2F 2G 3D									
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.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the		If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:		
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)		0 1 1				Yes	No		Amount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary F	iduciary Correction	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?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			15	0000	
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	carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?			<u>10</u> f		X				
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	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Χ				
	h						X				
	i				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 Scho (Form 5500) and line 11a below)	edule S	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 302 of ERISA?						
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			of the letter Year	ruling	
lf y	rou 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 \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	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 the control of the PBGC?			X Yes	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)	

# Filing Authorization for the 2018 Form 5500-SF

Name of Plan:

Holland Health Services, Inc. 401(k) Plan

EIN / PN:

91-0676305/005

Plan Year Ending: September 30, 2018

## Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an 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:	Sauce	Date: 11/10 2018	
	Jerry Willins		

#### 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).

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part L. Applied Pensit Identification Information

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

		incel plan was beginning		and and the	na la a l	2010	
ror calenda	r plan year 2017 or	fiscal plan year beginning	01/01/2018	and ending	09/30/		
A This retu	rn/report is for:	X a single-employer plan	list of participating en	an (not multiemployer) (F aployer information in acc			
<b>B</b> This retur	rn/renort is	a one-participant plan	a foreign plan				
inis ietui	mireport is	the first return/report	X the final return/report				
		an amended return/report	X a short plan year retur	n/report (less than 12 mo	nths)		
C Check b	ox if filing under:	Form 5558	automatic extension	. [	DFVC progra	am	
		special extension (enter des				-	
Part II		ormation—enter all requested	information				
1a Name o	of plan				1b Three-dig		
Holland	Health Servi	ces, Inc. 401(k) Pla	an		plan num (PN)	ber 005	
					1c Effective	date of plan	
						1991	
		oyer, if for a single-employer plan om, apt., suite no. and street, or P				Identification Number	
		ce, country, and ZIP or foreign po		ructions)	91-21P-342	-0676305	
	Health Serv				<b>2c</b> Sponsor's 360-424	s telephone number 1 – 7829	
D 0 D	- 1406					code (see instructions)	
P.O. Bo:	X 1406				446110	,,	
Mount V	ernon	WA 98273					
-		and address X Same as Plan Sp	Onsor		<b>3b</b> Administr	ator's FIN	
Vu i iaii au		and addition Plante as Fight of	O I I I I I I I I I I I I I I I I I I I		AM MAITHINST	ator 3 LIN	
					3C Administr	ator's telephone number	
this pla	an, enter the plan sp	ne plan sponsor or the plan name onsor's name, EIN, the plan name	9		4b EIN		
a Sponso					4d PN		
C Plan Na	ante						
<b>5a</b> Total n	umber of participant	s at the beginning of the plan yea	Γ		5a	21	
_		s at the end of the plan year			5b	0	
<b>c</b> Numbe	er of participants witl	account balances as of the end	of the plan year (only defined	d contribution plans	5c	(	
	,	articipants at the beginning of the			5d(1)	21	
		participants at the end of the plan			5d(2)	(	
e Numb	er of participants wh	o terminated employment during	the plan year with accrued b	enefits that were less	5e		
Caution: A	00% vested	e or incomplete filing of this ret	urn/report will be assessed	unless reasonable cau		ned.	
Under pena SB or Sche	Ities of perjury and	other penalties set forth in the inst and signed by an enrolled actuary	ructions, I declare that I have	e examined this return/rep	ort, including,	f applicable, a Schedule	
SIGN		e e	11/10/2018	Jerry Willins			
HERE	Signature of plan		Date	Enter name of individu	ıal signing as p	lan administrator	
SIGN							
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as e	mployer or plan sponsor	
Ear Donanus		ice see the Instructions for Form 5				Form 5500-SE (2017)	

	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 of the you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan's assets during the plan year invested in eligible plan year invested inv	an indepen and conditi	dent qualified public a ons.)	ccount	ant (IQ	PA)	X	Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the							determined structions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities	20 miles	(a) Beginning o	of Year			(b) End of Year	
a	Total plan assets	7a		545,	612			0
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c		545,	612			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
_a	Contributions received or receivable from: (1) Employers	8a(1)						Eleviti) - V
	(2) Participants	8a(2)			318			
	(3) Others (including rollovers).	8a(3)				P. Par		
b_	Other income (loss)	8b		11,	307			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Pylin.			11,625
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		557,	112	2 E A		
e	Certain deemed and/or corrective distributions (see instructions)	8e				e Fai		
f_	Administrative service providers (salaries, fees, commissions)	8f			125	T.A		
g	Other expenses	8g				1.34		-45/4
<u>- h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		- 78	SUA			557,237
_i_	Net income (loss) (subtract line 8h from line 8c)	8i						-545,612
j	Transfers to (from) the plan (see instructions)	8j				AU		
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Pla	an Cha	racteri	stic Cod	es in the instructions	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Code	s in the instructions:	
Pai	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 Norgram)	/oluntary F	iduciary Correction	10a		х		
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	include transactions	10b		х		
C	Was the plan covered by a fidelity bond?	************		10c	Х			150,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e		her person ne or all of	s by an insurance the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х		
ŀ	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i				

C	FF00	0.0	0047
Form	5500	-SE	2017

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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 cor (Form 5500) and line 11a below)	nplete Sch	edule S	В		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 Cod ERISA?	e or section	n 302 of			Yes 🛚	No
	(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 instrugranting the waiver.		enter t Day		of the lett Year	er 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	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)						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				No	N/A	4
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	· [] ·	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	ámásannanna.	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	t under the	annan.		X Yes	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to				
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(	3) PN(s	)
			_				