### 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** 

	rt identification information							
For calendar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018				
<b>A</b> This return/report is for:	-	this box must attach a the form instructions.)						
a one-participant plan a foreign plan								
<b>B</b> This return/report is								
	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension	[	DFVC prog	ram			
	special extension (enter desc	ription)						
Part II Basic Plan Inf	formation—enter all requested in	formation						
1a Name of plan	•			<b>1b</b> Three-d	igit			
HODDER & COMPANY, PLLC C	CASH BALANCE PLAN			plan nur				
		1c Effective	·					
					01/01/2015			
Mailing address (include ro	oloyer, if for a single-employer plan) from, apt., suite no. and street, or P.C		(mag/2mg)	<b>2b</b> Employe (EIN)	er Identification Number 91-2074999			
HODDER & COMPANY, PLLC	nce, country, and ZIP or foreign pos	tal code (il foreign, see ins	tructions)	•	r's telephone number 253-284-9900			
			-		s code (see instructions)			
3518 6TH AVENUE, STE. 201					541211			
TACOMA, WA 98406-5419					011211			
3a Plan administrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administ	trator's EIN			
	-	<b>3c</b> Administrator's telephone number						
				July Marinino	actor o toropriorio nambor			
	the plan sponsor or the plan name hoonsor's name, EIN, the plan name			4b EIN				
a Sponsor's name				4d PN				
C Plan Name								
<b>5a</b> Total number of participan	ts at the beginning of the plan year.			5a	3			
<b>b</b> Total number of participan	ts at the end of the plan year			5b	3			
	h account balances as of the end of			5c				
<b>d(1)</b> Total number of active p		5d(1)	3					
d(2) Total number of active participants at the end of the plan year					3			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
	e or incomplete filing of this retur			se is establis	shed.			
	other penalties set forth in the instru and signed by an enrolled actuary, molete.							
SIGN Filed with authorize	ed/valid electronic signature.	03/18/2019	JOHN HODDER					
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as p	olan administrator			
SIGN								
HERE Signature of employer/plan sponsor Date Enter name of ind				vidual signing as employer or plan sponsor				

Form 5500-SF (2018) Page **2** 

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 55  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yellow the plan is a defined benefit plan, is it covered under the PBGC premium filing for this plan year If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year  Part III Financial Information  7 Plan Assets and Liabilities (a) Beginning of Year  a Total plan assets (aubtract line 7b from line 7a) 7b  C Net plan assets (subtract line 7b from line 7a) 7c  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers 8a(1) 71000  (2) Participants 8a(2)  (3) Others (including rollovers) 8a(3)  b Other income (loss) 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d	Yes X No Not determined
7 Plan Assets and Liabilities 7a 197405  a Total plan assets 7a 197405  b Total plan liabilities 7b from line 7a) 7c 197405  8 Income, Expenses, and Transfers for this Plan Year (a) Amount 7c 197405  a Contributions received or receivable from: (1) Employers 8a(1) 71000  (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) 8b -10675  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums	. /
a Total plan assets	. /
b Total plan liabilities	257242
C Net plan assets (subtract line 7b from line 7a) 7c 197405  8 Income, Expenses, and Transfers for this Plan Year (a) Amount  a Contributions received or receivable from: (1) Employers 8a(1) 71000  (2) Participants 8a(2)  (3) Others (including rollovers) 8a(3)  b Other income (loss) 8b -10675  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums	
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from:       (1) Employers       8a(1)       71000         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       -10675         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums	257242
(1) Employers       8a(1)       71000         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       -10675         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums       8c	(b) Total
(3) Others (including rollovers)	
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	
, , ,	60325
to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f 488	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	488
i Net income (loss) (subtract line 8h from line 8c)	59837
j 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 Code 1C	es in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes	s in the instructions:
Part V Compliance Questions	
10 During the plan year: Yes No	Amount
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?	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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 exceptions to providing the notice applied under 29 CFR 2520.101-3	

Form 5500-SF (2018)	Page <b>3</b> -	1
	•	

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	X Ye	es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y6	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 letter _ Year	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?		X Yes	No	ı
	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)

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration This schedule is required to be filed under section 104 of the Employee

Single-Employer Defined Benefit Plan Actuarial Information

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018	
	Round off amounts to nearest dollar.		:			
	➤ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable.  Name of plan  HODDER & COMPANY, PLLC CASH BALANCE PLAN	onable cau	B Three-dig	git	) •	002
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HODDER & COMPANY, PLLC		<b>D</b> Employer	Identific	ation Number (E	EIN)
Е	Type of plan: X Single Multiple-A Multiple-B F Prior year p	olan size:	100 or fewer	101-	500 More th	an 500
F	Part I Basic Information	<u> </u>			<u> </u>	
1	Enter the valuation date: Month 12 Day 31 Year 2	2018				
2	Assets:					
	a Market value			. 2a		186242
	<b>b</b> Actuarial value			. 2b		186242
3	Funding target/participant count breakdown	` '	Number of rticipants		sted Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment		0	0		
	<b>b</b> For terminated vested participants		0		0	0
	C For active participants		3	210817		210817
	<b>d</b> Total		3		210817	210817
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions		_	4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for p at-risk status for fewer than five consecutive years and disregarding loading facto			4b		
5	· · · · · · · · · · · · · · · · · · ·			5		5.23 %
6	Target normal cost			6		41646
Sta	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				03/14/201	9
	Signature of actuary				Date	
ŀ	KEVIN I. ABRAHAMS		_		17-07962	
	Type or print name of actuary			Most	recent enrollmer	nt number
	RETIREMENT HORIZONS, INC.				281-296-11	10
	Firm name 2201 TIMBERLOCH PLACE SUITE 150 THE WOODLANDS, TX 77380-1108		Te	elephone	number (includ	ing area code)
	Address of the firm					
If th	ne actuary has not fully reflected any regulation or ruling promulgated under the statute	in complet	ing this schedule	e, check	the box and see	e [

Page	2	-	1
aye	_	-	

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances						
				-		-	(a) C	arryover balance		<b>(b)</b> P	refundin	g balance
7		•	•		able adjustments (line 13 fron	-		0				0
8			•	-	nding requirement (line 35 fro			0				0
9	Amount r	emaining	g (line 7 minus line	8)				0				0
10	Interest of	n line 9 ເ	using prior year's a	actual retu	rn of%			0				0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
					38a from prior year)	F						3830
					a over line 38b from prior year e interest rate of5.04%							0
				-	edule SB, using prior year's ac							0
	C Total av	vailable a	t beginning of curre	nt plan yea	ar to add to prefunding balance							3830
	<b>d</b> Portion	of (c) to	be added to prefu	unding bala	ance							0
12	Other rec	luctions i	n balances due to	elections	or deemed elections			0				0
13	Balance a	at beginn	ing of current yea	r (line 9 +	line 10 + line 11d – line 12)			0				0
Р	Part III Funding Percentages											
14	Funding t	•									14	88.34%
					)						15	101.64%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement						16	92.13%					
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18					ar by employer(s) and employ	yees:						
(1)	(a) Date MM-DD-YY	e (YY)	<b>(b)</b> Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> [ (MM-DE)		<b>(b)</b> Amount pai employer(s		(с	Amour emplo	nt paid by yees
0	3/04/2019	)		71000	0							
						Totals ▶	18(b)		71000	18(c)		0
19	Discount	ed emplo	yer contributions -	- see instr	uctions for small plan with a v	aluation da	ate after the					
a Contributions allocated toward unpaid minimum required contributions from prior years							0					
b Contributions made to avoid restrictions adjusted to valuation date							0					
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20	-		tions and liquidity									
			_		e prior year?						X	Yes ∐ No
			·		installments for the current ye		n a timely ma	anner?				Yes X No
	C If line 2	20a is "Y	es," see instruction	ns and con	nplete the following table as a		of this miss	voor.				
		(1) 1s	t I		Liquidity shortfall as of end (2) 2nd	or quarter	<u>'</u>	/ear 3rd		(	(4) 4th	
			0		0			0				0

Б	art V	Accumpti	one Head to	Dotormino	Funding Tar	act and Tare	act Norma	al Cost		
21	Discount	-	ons oseu id	Determine	Fullding Tal	get and Targ	jet Norma	ii COSL		
21			1st se	gment:	2nd se	ament:	3r	d segment:		
	a Segment rates:  1st segment: 2nd segment: 3rd segment: 5.52% 6.29%									N/A, full yield curve used
	<b>b</b> Applica	able month (er	nter code)						21b	0
22	Weighted	l average retire	ement age						22	69
23	Mortality	table(s) (see	instructions)	Prior regulation	n: Pr	escribed - comb	ined	Prescribed	l - separat	e Substitute
				Current regulat	tion: X Pr	escribed - comb	ined	Prescribed	l - separat	e Substitute
Pa	art VI I	Miscellane	ous Items		<u> </u>					
				rescribed actua	rial assumptions	or the current pl	an vear? If	"Yes." see ii	nstructions	s regarding required
		-					-			Yes X No
25	Has a me	thod change l	been made for t	the current plan	year? If "Yes," so	ee instructions re	egarding req	uired attach	ment	
26	Is the pla	n required to p	provide a Sched	dule of Active Pa	articipants? If "Ye	s," see instruction	ons regardin	g required a	ttachmen	t
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment							27		
Pa	art VII	Reconcilia	ation of Unp	oaid Minimu	m Required (	Contribution	s For Pri	or Years		
28	28 Unpaid minimum required contributions for all prior years						28	0		
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)						29	0		
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)					30	0			
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target no	ormal cost and	d excess assets	(see instruction	ns):					
	<b>a</b> Target r	normal cost (li	ne 6)						31a	41646
	<b>b</b> Excess	assets, if app	olicable, but not	greater than line	e 31a				31b	0
32	Amortizat	tion installmen	nts:				Outsta	anding Bala	nce	Installment
	a Net sho	ortfall amortiza	ation installment	i					24575	4254
								1	0	0
33	If a waive (Month _				the date of the ru) and the wai				33	
34	34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)				32b - 33)	34	45900			
					Carryover	balance	Prefu	ınding balar	ice	Total balance
35			se to offset fund	-		0			0	0
36	Additiona	l cash require	ment (line 34 m	inus line 35)					36	45900
37				•	ribution for currer			`	37	69425
38	Present v	alue of excess	s contributions t	for current year	(see instructions)					
	<b>a</b> Total (e	excess, if any,	of line 37 over	line 36)					38a	23525
	<b>b</b> Portion	included in lir	ne 38a attributal	ble to use of pre	efunding and fund	ing standard car	ryover balar	ices	38b	0
39	Unpaid m	inimum requir	red contribution	for current year	(excess, if any, o	of line 36 over lin	ne 37)		39	0
40		1		-					40	0
Pai	rt IX	Pension	Funding Re	lief Under P	ension Relief	Act of 2010	(See Ins	tructions	)	
41	If an elect	ion was made	e to use PRA 20	10 funding relie	f for this plan:					
	a Schedu	le elected						·····		2 plus 7 years 15 years
	<b>b</b> Eligible	plan year(s) f	for which the ele	ection in line 41a	a was made				20	08 2009 2010 2011

# 

## P[åå^¦ÁBÁÔ[{]æ}^ÉÁÚŠŠÔÁÔæ•@ÁÓæ†æ}&^ÁÚ|æ} JFÉÐEÏIJJJÁЀ€G

Ø[ | Ás@ Á| |æ] Á^æ; ÁEFBEFBDEFÌ Ás@[ \*\* @ÁFCBDFBDEFÌ

Xæe\*æani}AÖæe\*K

FŒÐFEŒFÌ

Ø"}åå\*ÁT^c@\åK

O. P.Á, ¦^•& ¦ãa ^å Á§ ÁOÜÔÁÙ^&cã[}Á H€

 $U^{d}[\bullet]^{8}(a_{v}^{2})^{4}(a_{v}^$ 

Qc^\^• a\u00e4\u00

] ^:{ alc:aA}a^;ANDOA\HEQUUJAUQD						
Ù^*{ ^} oÂ	Ÿ^æ	Üæe^ÆÑ				
Ù^*{ ^} ơÆ	€ÆÄ	GĚ€				
Ù^*{ ^} <i>d</i> G	ÎÆÖG€	HÈÌG				
Ù^*{ ^} <i>d</i> ÁH	NÁG€	IĚ€				

Ù^\* { ^} cÁæe^• Á[ ¦Ás@ ÁKæt ææā[ } ÁÖæe^Áæ

Ù^*{ ^} cÁæc^•Áæ (Ā -ĀÙ^] c^{ à^;Á+EÁGEFÏÁGE ]^¦{ãc^åÁ}å^;ÁÑJÔÁ HEGŒNGENÇÔNGA;NGONAE POE/ØCE					
Ù^*{ ^} oÂ	Ÿ^æ	Üæe^ÆÑ			
Ù^*{ ^} 0ÁF	€ÆÄ	HÈG			
Ù^*{ ^}æÆG	ÎÆÖŒ	ÍĚG			
Ù^*{ ^} 0ÁH	NÁG€	ÎÈGJ			

 $U'_{1}^{EU}^{G}_{1}^{A} ^{A}$   $O^{E}_{1}^{E}$   $U'_{1}^{E}_{2}^{E}_{1}^{A} ^{E}_{1}^{A}$   $D'_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A} ^{E}_{1}^{A}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{A}_{1}^{E}_{1}^{A}_{1}^{A}_{1}^{A}_{1}^{E}_{1}^{A}_{$ 

Òæ|^ÁÜ^œå/{ ^}œÁ/æà|^ÆÞ[}^

 $V' \mid \{ [ c^{\lambda} \hat{A} \approx ] / \hat{E}$   $\Rightarrow [ \}^{\Lambda}$  $\hat{O} \approx \approx 3 \approx \hat{A} \approx | \hat{A} \approx \hat{E}$   $\Rightarrow [ \}^{\Lambda}$ 

Ùæţæ\$^ÂÛ&æ\$^ÁË Þ[}^

Qe^\^• oÁÔ\^åãoÁÜæe^AË Ô`\\^} oÁŸ\AËÁÃÃ AWWWÚ\[ b^&c^åAŸ\• AËÁÃÃ

 $\grave{O}(c)^{-}$  • ^  $\& \check{A}(c)^{-}$   $\check{A}(c)^{-}$   $\check{A}(c)^{}$   $\check{A}(c)^{-}$   $\check{A}(c)^{-}$ 

Ú[•dĒÜ^dã^{^} oÃË T[¦æqhãĉÁ/æà|^ÁË FÌÔÁËÆG€FÌÁÔ[{àãj^å

Ô[•ơÁ, -ÁŠãcã, \* ÁË Þ[}^

OE•^oÁxæej ææāi}ÁT^o@låK

ØænāÁ, æd\^oÁşæq\*^Á,-Áæe•^o•Áænåbੱ•o°åÁ,¦Á&[}dãàčaã[}•Á}å^¦ÁQÜÔÁ,H€Ç°DQDD

#### Öãa & lãi ãi æeāi}Á /^• αÁOĒ• ັ{ ] αãi}• K

PÔÒÁÖ^c^!{ ã assā} ÀË Óæ• ^åÁ; } Ásd!Á\{ ] | [ ^^^•

#### IF€(2) EDD €F(2) EDÚ/^• c2} \* K

Ú¦^ĒÜ^cā^{^}ôÁÚ¦[b/8cā[}ÁÜææ^ÆĹÍÃ

Ú[•ŒÜ^cã^{^}oÆ Q;c^\^•oÆ ÌĚÃ

T[ˈcælácc Á/æàl/ÁË ŐÏFT ÁËÁFJÏFÁŐ;[ˇ]ÁŒ;}ˇãc ÁÇ;æl/D

Ú^;{ ã • ãç^|^ ÁOE\*; ^\* æe^ å ÁÚ|æ} • ÁË V^• c^ å Áæ• ÁæÁÙã, \* |^ ÁÚ|æ}

Ô[{]^}•æaā]}ÃË W•^Ásč;!^}ơŚ[{]^}•æaā]}ÁqfÁsæ48č|ææ^Ác@4\$^}-ãnÁsæ8覿4Áææ\*Á@æ}}čæ4Áæ\*

V^• cāj \* ÁOE ^ ÁË Þ[¦{ æþÁ ^ cā^{ ^} oÁse ^ Áj ¦ Ásescæāj ^ å Áse ^ ÉÁsuÁj |å^¦

 $\label{eq:control_c$ 

$$\label{eq:definition} \begin{split} & \dot{\mathbb{E}} \left[ \begin{array}{l} \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \right] \right] \right] + \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \right] \right] \right] + \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \right] \right] + \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \right] \right] + \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \right] \right] + \dot{\mathbb{E}} \left[ \dot{\mathbb{E}} \left[ \dot{$$

# $\dot{U}\&@^{\dot{a}}|^{\dot{A}}\dot{U}O\dot{E}\dot{A}\dot{U}\Rightarrow\dot{A}X$ $\dot{U}\csc^{\dot{a}}(^{\dot{a}})\circ\dot{A}\dot{A}\dot{C}\dot{E}\dot{C} \Rightarrow\dot{E}\dot{A}\dot{C}\dot{E}\bullet^{\dot{a}}(^{\dot{a}})\circ\dot{E}\dot{C} \wedge \dot{C}\dot{C}\dot{C} +\dot{C}\dot{C}\dot{C}\dot{C}\dot{C}\dot{C}$

P[åå^¦ÁBÁÔ[{]æ}^ÉÁÚŠŠÔÁÔæ•@ÁÓææ;&^ÁÚ|æ} JFÉÐEÏIJJJÁÐÆEG Ø[¦Ás@Á]æ;Á^æÁEFBEFBÐEFÌÁs@[\*\*@ÁFCBÐFBÐEFÌ

### <u>l€F@a£00GÎDÁV^•cā;\*K</u>

# 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).

2018

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to Public Inspection

Part I		t Identification Information					
For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/20	018	
A This re	A This return/report is for:    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>B</b> This rel	turn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	ı	
		special extension (enter desc	·				
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation				
<b>1a Name</b> Hode	,	, PLLC Cash Balance B	Plan		1b Three-digit plan number (PN) ▶	er 002	
					1c Effective da 01/01/2	ate of plan	
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box\			dentification Number	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						elephone number	
ноас	der & Company	, PLLC			253-284	1-9900	
3518 6th Avenue, Ste. 201					ode (see instructions)		
Taco		WA 98406-			541211		
3 Plan a	dministrator's name a	and address 🏻 Same las Plan Spo	nsor.		3b Administrat	or's EIN	
4 If the :	name and/or FIN of th	ne plan sponsor or the plan name h	as channed since the last	return/report filed for	3c Administrat	or's telephone number	
this pl		onsor's name, EIN, the plan name			4d PN		
C Plan N					74 1 1		
<b>5a</b> Total i	number of participants	s at the beginning of the plan year.			5a	3	
		s at the end of the plan year				3	
<b>c</b> Numb	er of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c		
		articipants at the beginning of the p			. 5d(1)	3	
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan ye	ar		. 5d(2)	3	
than	100% vested	terminated employment during the	***************************************		5e	0	
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is establishe	d.	
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, a polete.	ctions, I declare that I have as well as the electronic ve	examined this return/reportsion of this return/reportsion	eport, including, if a rt, and to the best	applicable, a Schedule of my knowledge and	
SIGN	Aur	21/4//	3/18/19	JOHN HODDER			
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as plai	n administrator	
SIGN HERE	Alle	el Hoods	3/18/19				
ett i	Signature of emploork Reduction Act Notice	oyer/plan sponsor ce, see the Instructions for Form 550	Date 0-SF.	Enter name of indivi	dual signing as em	ployer or plan sponsor Form 5500-SF (2018)	

Form	5500-SF	(2018)
------	---------	--------

_			~
۲	ag	е	4

a b	Were all of the plan's assets during the plan year invested in eligit 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 tions.)	accoun	tant (IC	QPA)			Yes No
С	If you answered "No" to either line 6a or line 6b, the plan cannot 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	nsurance į	orogram (see ERISA s	ection 4	1021)?	[	]Yes ⊠No		determined structions.)
Do									
7		1	I						
	Plan Assets and Liabilities  Total plan assets		(a) Beginning	·····	*******		(b) En	d of Year	257 24
a b	Total plan (labilities	. 7a		197,	403				257,24
	Total plan liabilities	. 7b		197,	105				257,24
8		. 7c			403				231,24
a	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amour	1t			(b)	Total	····
	(1) Employers	8a(1)		71,	000				
	(2) Participants	8a(2)				***************************************	<u></u>		
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-10,	675				
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							60,325
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						***	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			488				
g	Other expenses	8g							
<u>,þ</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							488
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i							59,83
j	Transfers to (from) the plan (see instructions)	8j				······································			
Par	t IV Plan Characteristics	1							
9a	If the plan provides pension benefits, enter the applicable pension $1\mathrm{C}$	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	les in the ins	tructions:	
Par	V Compliance Questions				***************************************				
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?		************************	10c	Х				500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х			-
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.)	ner person ne or all of	s by an insurance the benefits under	10e		Х			
f				10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Х			
h	2520.101-3.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10h		Х			
\	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				***************************************	
1									

	Form 5500-SF (2018)	Pag	e <b>3</b> -							
it	VI Pension Funding Compliance						···			
11	Is this a defined benefit plan subject to minimum funding requirem (Form 5500) and line 11a below)	ents? (If "Yes," see ins	tructions	and complete Sch	nedule S	6B		Yes		No
11a	Enter the unpaid minimum required contributions for all years from						0			
12	Is this a defined contribution plan subject to the minimum funding ERISA?					f		Yes	X	No
***************************************	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	/, as applicable.)					<u> </u>			
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				d enter Da		of the let Year		ing	
if y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form 5500), an	d skip to	line 13.	·					
b	Enter the minimum required contribution for this plan year				12b					
	Enter the amount contributed by the employer to the plan for this pla				12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)				12d					
е	Will the minimum funding amount reported on line 12d be met by t	he 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?	***************************************				X Yes	, [	No		
	If "Yes," enter the amount of any plan assets that reverted to the e	mployer this year	*************		13a		***************************************			(
b	Were all the plan assets distributed to participants or beneficiaries control of the PBGC?						Yes	X N	0	
С	If, during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred.	om this plan to anothe	r plan(s), i	dentify the plan(s	) to					
1:	3c(1) Name of plan(s):			13c(2	) EIN(s)		13c	(3) PN	l(s)	
<u> </u>										
1										

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

File as an attachmen				5 51474270058207911		
For calendar plan year 2018 or fiscal plan year beginning 01/01/	2018	and ending	12/3	L/201	8	
▶ Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report u	unless reasonable car	use is established	l			
A Name of plan		B Three-digit				
Hodder & Company, PLLC Cash Balance Plan		plan numb	er (PN)	•	002	
				(200)		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification	Numbe	er (EIN)	
Hodder & Company, PLLC		91	-20749	99		
			7404 500		# 500	
E Type of plan: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer	101-500	ШМ	ore than 500	
Part I Basic Information						
1 Enter the valuation date: Month 12 Day 31	Year 2018	_		MARKON DE SANSKA		
2 Assets:		r				
a Market value			2a		186,242	
<b>b</b> Actuarial value			2b		186,242	
3 Funding target/participant count breakdown:	(1) Number of	(2) Vested	Funding		(3) Total Funding	
	participants	Targ	jet		Target	
a For retired participants and beneficiaries receiving payment	0			0	0	
****	0			0	0	
<b>b</b> For terminated vested participants	3		210,8	317	210,817	
C For active participants	3			0,817 210,8		
d Total  If the plan is in at-risk status, check the box and complete lines (a) and	(b)		İ			
a Funding target disregarding prescribed at-risk assumptions		- A	4a			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transiti			-			
at-risk status for fewer than five consecutive years and disregarding	g loading factor	nave been in	4b			
5 Effective interest rate			5		5.23 %	
6 Target normal cost			6		41,646	
Statement by Enrolled Actuary						
To the best of my knowledge, the information supplied in this schedule and accompanying schedules accordance with applicable law and regulations. In my opinion, each other assumption is reasonable	s, statements and attachment (taking into account the exp	nts, if any, is complete a perience of the plan and	ind accurate. I reasonable	Each pres expectatio	ribed assumption was applied in ins) and such other assumptions, in	
combination, offer my best estimate of anticipated experience under the plan.						
SIGN			2	1. 1		
HERE			)	14/	2019	
Signature of actuary				Dat	e	
Kevin I. Abrahams			1	7-079	62	
Type or print name of actuary					ollment number	
Retirement Horizons, Inc.			(281	) 296	5-1110	
Firm name		Tel	ephone n	umber (	including area code)	
2201 Timberloch Place						
Suite 150						
US The Woodlands TX 77380-1108		-				
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	er the statute in comp	leting this schedu	le, check	the box	and see	

Page	2	Г

Schedule	CD	(Form	5500	2018
Scriedule	SD	(1 01111	5500	2010

								(a			
Par	rt II Beg	inning of Year Car	ryover and Prefunding Ba	lances	(a) C	arryover balance	Т	(b) F	refundii	ng balance	_
7	Balance at be	eginning of prior year afte	er applicable adjustments (line 13 f	rom prior			0				0
8			year's funding requirement (line 35				0				0
9			3)				0				0
10			tual return of				0				0
11	Prior year's e	xcess contributions to be	e added to prefunding balance:								
	a Present va	alue of excess contribution	ons (line 38a from prior year)							3,8	330
			f line 38a over line 38b from prior y effective interest rate of5.0								0
			ear Schedule SB, using prior year's								
	return			•••••							0
	C Total avail	lable at beginning of curre	ent plan year to add to prefunding	balance .						3,8	330
	<b>d</b> Portion of	(c) to be added to prefun	nding balance								0
12	Other reducti	ons in balances due to e	elections or deemed elections				0	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12		2700A	0
			(line 9 + line 10 + line 11d - line 12)				0				0
		unding Percentage									
14			· · · · · · · · · · · · · · · · · · ·						14	88.34	%
			ercentage						15	101.64	%
			rposes of determining whether car						16		
10	current year's	s funding requirement •	·····						10	92.13	%
17	If the current	value of the assets of the	e plan is less than 70 percent of th	e funding t	arget, enter	such percentage	••••		17		%
Pa	rt IV C	ontributions and L	iquidity Shortfalls								
18			e plan year by employer(s) and em	ployees:							
-	(a) Date	(b) Amount paid b	by (c) Amount paid by	(8	a) Date DD-YYYY)	(b) Amount   employe		′		unt paid by loyees	
_	M-DD-YYYY) /04/2019	employer(s)	employees ,000	(IVIIVI-L	70-1111)	employe	1(3)	_	стір	loyees	_
03,	/04/2019	71,	,000								
				_	2 4 200						
	100			+							
					-	W					
				Tatala	- 40/h)			19/0	Λ		_
100				Totals				000 18(c	<u>'</u>		0
19		86 SSV	see instructions for small plan with					:			
			paid minimum required contribution			Part Control	19a				0
	<b>b</b> Contributi	ons made to avoid restric	ctions adjusted to valuation date	• • • • • • • • • • • • • • • • • • • •			19b				0
	<b>c</b> Contributi	ons allocated toward min	nimum required contribution for cur	rent year a	djusted to va	aluation date	19c			69,	425
20		ntributions and liquidity s									
			fall" for the prior year?							Yes No	0
	<b>b</b> If line 20a	is "Yes," were required of	quarterly installments for the curre	nt year mad	de in a timel	y manner?			[	Yes X N	0
	c If line 20a	is "Yes," see instruction:	s and complete the following table	as applica	ble:				1000	at example (	
C If line 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year											
				ila oi quait			_	(3) 3rd (4) 4th			
	(1	) 1st	(2) 2nd	Tid Or quare					(4) 4	th	

Pa	rt V Assumption	ons Used To Determine	Funding Target and Target	et Normal Cost		
21	Discount rate:			20.000		
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %		N/A, full yield curve used
	<b>b</b> Applicable month	21b	0			
22	Weighted average re	etirement age			22	69
23	Mortality table(s) (se	e instructions) Prior regul Current reg			ed - separa ed - separa	Maria Company
Pai	rt VI Miscellane	eous items				
24	Has a change been	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
	attachment					· · · · · · · · Yes X No
25			lan year? If "Yes," see instructions			
26	Is the plan required t	to provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmen	t Yes X No
27	If the plan is subject	to alternative funding rules, en	ter applicable code and see instru	ctions regarding	27	
	attachment				21	
Pai	rt VII Reconcili	iation of Unpaid Minimເ	ım Required Contribution	s For Prior Years		
28	Unpaid minimum red	quired contributions for all prior	years		28	0
29			d unpaid minimum required contrib		29	0
30			ntributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31		and excess assets (see instruc			242	
-					31a	41,646
			line 31a		31b	0
32	Amortization installn			Outstanding Bala		Installment
-					24,575	4,254
	•				0	0
33			nter the date of the ruling letter gra	nting the approval		
	(Month	Day Year	) and the waived amount .		33	
34	Total funding require	ment before reflecting carryover	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	45,900
			Carryover balance	Prefunding Bala	ince	Total balance
35		r use to offset funding	0		0	0
36	Additional cash requ	uirement (line 34 minus line 35)			36	45,900
	Contributions alloca	ted toward minimum required of	contribution for current year adjuste	ed to valuation date	37	69,425
20						357,123
30		cess contributions for current y			38a	22 525
-0					38b	23,525
			prefunding and funding standard of		39	0
		·	year (excess, if any, of line 36 over			
40			Bonsion Police Act of 2010		40	0
			Pension Relief Act of 2010	(See manuchons)	,	
41		ade to use PRA 2010 funding re				
	a Schedule elected				[	2 plus 7 years 15 years
	<b>b</b> Eligible plan year(	(s) for which the election in line	41a was made		. 200	08 2009 2010 2011

# Schedule SB, line 19 - Discounted Employer Contributions

# Hodder & Company, PLLC Cash Balance Plan 91-2074999 / 002

For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 12/31/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	03/04/2019	\$71,000					
Applied to Quarterly Contribution	04/15/2018	10,328	9,825	0	10,328	5.23	10.23
Applied to Quarterly Contribution	07/15/2018	10,328	9,940	0	10,328	5.23	10.23
Applied to Quarterly Contribution	10/15/2018	10,328	10,057	0	10,328	5.23	10.23
Applied to Additional Contribution	12/31/2018	23,733	23,525	0	0	5.23	0
Applied to MRC	12/31/2018	5,955	5,903	0	0	5.23	0
Applied to Quarterly Contribution	01/15/2019	10,328	10,175	0	10,328	5.23	10.23
Totals for Deposited Contribution		\$71,000	\$69,425	\$0	\$41,312		

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

Hodder & Company, PLLC Cash Balance Plan 91-2074999 / 002 For the plan year 01/01/2018 through 12/31/2018

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Ù&@ å | ^ ÁÙÓÊÁÚæ cÁX Ù { æ ^ Á; -ÁÚ|æ} ÁÚ|[ çã ã; }•

### P[åå^¦ÁBÁÔ[{]æ}^ÊÁÚŠŠÔÁÔæ•@ÁÓææ;&^ÁÚ|æ} JFËÐEIJJJÁÐÆ€G

Ø[¦Ás@Aj|æ]Á^æAEFBEFBDEFÌÁs@[\*\*@ÁFGBDFBDEFÌ

Ò{ | | | ^^ | K P[ åå^ | ÆÁÔ[ { ] æ} ^ EÆÚŠŠÔÁ

Ò DÞ KÁJ FËĐEÏ I JJJ Ú |  $\dot{U}$  |  $\dot{U}$  |  $\dot{A}$   $\dot{A}$ 

Öæe^∙K Ò~^&ãq^^Æë=Be=B9€EÍ Ÿ^æ∮A}åÆäF@D+B9€FÌ Xæ;ĕæág}ÆËF@D+B9€EÌ

Ò|ð:āāājāčK CIĮÁ{}|[^^^•Ár¢&|`åā,\*Á,[}Ë^••ãa^}o£Ar¢&|`å^!•Á;—Áæ)Ár¢&|`å^åA&|æ•Áæ)åÁ}ā[};Á

Tājāj {Áset^ÁEÁGFÁ T[}c@AjÁn^iça8t^ÁEÁFG

P[ ` ¦•ÁÜ^`` ā^åÁţ¦Æ Ò|ā āaāāc ÆÆ €€€ Ó^}^-ãóæ&\` æÆÆ€€€ X^•cā; \*ÆÆ€€€

Ú|æ)ÁÔ}d^ÁË Øã•oÁsæÁ,ÁF•oÁ;¦Á;o@Á;[}o@Á,Á;|æ)Á^æÁ,}Á;|Á;A,^¢oÁ;||[¸ā;\*Á×|ã:āàājãcÁæããæãæ&ða;}

Òæ¦îÆËÞ[ơÁ¦[çãå^å

 $\frac{Of_{C}^{+} a \stackrel{*}{=} ^{A} \hat{O}[\{]^{+} \bullet a e \hat{a}_{1}^{+}\} K}{\hat{O}^{+} |_{C}^{+} \hat{A}^{+}} \hat{O}[\{]^{+}] \bullet a e \hat{a}_{1}^{+}}$ 

 $V[] \acute{A}P^{a} e_{p}^{\hat{A}} \ddot{A} = (\mathring{A})^{a} - (\mathring{A})^{a} = (\mathring{A})^{a} - (\mathring{A})^{a} = (\mathring{A})^{$ 

Ú|æ| $\dot{A}$ Ó^\^~ã $\dot{B}$ K Ü^cả^{^},  $\dot{A}$ CBC æ\āæ $\dot{A}$ O\^~ã $\dot{B}$ QRC æ\āæ $\dot{A}$ O\^~ã $\dot{B}$ QRC æ\āæ $\dot{A}$ O\^~ã $\dot{B}$ O\^~ã $\dot{B}$ O\~ã $\dot{B}$ O\^~ã $\dot{B}$ O\~ã $\dot{B}$ O\~ $\dot{B}$ O\ $\dot{B}$ O\~ $\dot{B}$ O\ $\dot{B$ 

ÚæĥÔ¦^åão ÁËÔ|æ•ãã&æãa}} ÁÁWWWWÚæĥÔ¦^åãÁQ[¦{ `|æ

Qc^!^• c4Ô!^åãAÜæe^AË Ô`!!^} c4Ÿ!AÄÄÃÃ AMMÚ![b/8c^åAŸ!• AÄÄÃÃ

T  $\tilde{a}$   $\tilde{a}$   $\tilde{a}$   $\tilde{b}$   $\tilde{b$ 

 $Tascā[ `{ Åsch}[ ] asà| ^ Ås ā dāā `cā[ } / Ås A^{ ` [ ] År ` { Ar ` ` ā; ash ` } of_ A^{ [ ] { ash A ` [ ] A ` ( Ar ` ascā[ ` { Åsch}[ ] ascā] ` { Åsch}[ ] ascā] ` A ` Åsca A ` ā] * Åsca A ` ā] | ascā A ` ā]$ 

Òæ|^ÁÜ^œã^{ ^}œËÞ[}^

Ö^æc@ÁÓ^}^aãÆÜ\'^•^}oÁXæ\\*^Áj-ÁOB&\\*^åÁÓ^}^aãc

ÖãræàãããcÁÓ^}^-ãoÆËÞ[}^

V[]  $AP^ae^Afa_a^a = K$  V[]  $AP^ae^Afa_a^a = V[]$   $AP^ae^Afa_a^a = V[]$ 

ÜÜÙÁŠãĮ ãizænā} → K I FÍÁŠãĮ ãi> ÁË Ú¹\&^} dK F€€ Ö[ ||æKÅGG€RÊ€€€

Tæ¢ã[ ˇ{Án. €FÇæÐQFÏDÁ&[{]^}•ææã[}ÁË ÅGÏÍÊE€€

Šã^ÁŒ;} `ãc ÁÕ`ælæ) c^^åÁ;¦ÁF€ÁŸ^æl•

 $R_1 \stackrel{?}{a}_1 \stackrel{?}{cA} \stackrel{?}{a}_2 \stackrel{?}{a}_3 \stackrel{?}{a}_4 \stackrel$ 

X^• cã \* ÁÛ&@ å ĭ |^K F€Ã Áç^• c^ å Á§ ÁHÁ ^æ • È

Ù^¦çã&^Ána Á&an4&°|æe^åÁ•ā;\*Ána|Á^æð•Á;Án^¦çã&^Án¢&^]oÁ^æð•Á;¦ã;¦Án[Á;|æ;Án~~^&oãç^Ánaæ^

 $\underline{\text{U!}^{\bullet}^{\wedge}}\text{ of } \underbrace{\text{Ad}^{\bullet}}\text{Ad}^{\bullet} \underbrace{\text{Ad}^{\bullet}}\text{Ad}^$ 

# Ù&@ å \* | ^ ÁÙÓÉÁÚædóX Ù \* { & a ^ Á; -ÁÚ|æ; ÁÚ | [ çã ã; } •

# P[åå^¦ÁBÁÔ[{]æ}^ÊÐÚŠŠÔÁÔæ @ÓÓæææ}&^ÁÚ|æ} JFËÐE IJJJÁÐÆ€G

Ø[ ¦Ás@ Á; |æ] Á^æ; ÁEFBEFBDEFÌ Ás@[ \*\* @ÁFGBDFBDEFÌ

## OB&c`ælaædAÖ``ãçæd^}&^K

Ú¦^ËÜ^cã^{ ^} ơÆ Q;c^\^•ơÆ ÍÃ

T[ˈcæþácc Ávæà/^ÁË Þ[}^

 $\dot{U}[\bullet d\ddot{\dot{U}} \wedge d\dot{a} \wedge \{\ \wedge\}\ d\dot{\ddot{E}}\ Q_{i} e^{\lambda} | \wedge \bullet d\dot{\ddot{E}} \qquad \acute{I}\ \tilde{A}$ 

 $T[|cedatê A/cea|^AE FÌOAEGEFÌAOE]|a8cea|^AT[|cedatê A/cea|^A[|AÍFIQDEF]a^c$ 

# **Schedule SB, line 32 - Schedule of Amortization Bases**

# Hodder & Company, PLLC Cash Balance Plan 91-2074999 / 002

# For the plan year 01/01/2018 through 12/31/2018

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2016	1,767	Shortfall	1,354	5	292
	12/31/2017	8,827	Shortfall	7,832	6	1,450
	12/31/2018	15,389	Shortfall	15,389	7	2,512
Totals:				\$24.575		\$4,254