Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	l e								
For calend	dar plan year 2018 or t	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018						
A This re	eturn/report is for:	X a single-employer plan		an (not multiemployer) (F	_						
		a one-participant plan	a foreign plan	,		,					
B This ref	turn/report is	the first return/report	the final return/report								
	an amended return/report a short plan year return/report (less than 12 months)										
C Check	Check box if filing under: Form 5558 automatic extension DFVC program										
		special extension (enter desc	ription)								
Part II	Basic Plan Info	ormation—enter all requested in	formation								
1a Name					1b Three-dig	nit					
	O RETIREMENT PLAN	N			plan num						
			1c Effective date of plan 01/01/2016								
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	Identification Number					
		om, apt., suite no. and street, or P.C		ruotiono)	(EIN)	81-2437937					
HOLLENCO	·	ce, country, and ZIP or foreign post	ai code (ii foreign, see inst	ructions)	2c Sponsor's telephone number 206-353-6515						
					2d Business	code (see instructions)					
8122 N.E. 1						518210					
KENMORE,	WA 98028										
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	nsor		3b Administrator's EIN						
Ja i lali e	administrator s name a	and address A Same as I lan opo	11301.		7 Administrator 5 Env						
					3c Administr	ator's telephone number					
4 If the	name and/or FIN of th	ne plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN						
this p	olan, enter the plan spe	onsor's name, EIN, the plan name a									
•	sor's name				4d PN						
C Plan i	Name										
5a Total	number of participant	s at the beginning of the plan year.			5a	2					
b Total	number of participant	s at the end of the plan year			5b	2					
		account balances as of the end of		-	5c	2					
d(1) To	tal number of active pa	articipants at the beginning of the p	lan year		5d(1)	2					
d(2) Total number of active participants at the end of the plan year					5d(2)	2					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0					
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	se is establish	ned.					
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a nolete.									
SIGN		d/valid electronic signature.	06/24/2019	ANDY HOLLENBECK							
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as p	lan administrator					
SIGN	1	Signature of plan administrator Date Enter name of individual signing as plan administrator									
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as e	mployer 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	account	ant (IC	QPA)			
С	If you answered "No" to either line 6a or line 6b, the plan cann 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 th	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes N		ermined uctions.)
Pa	rt III Financial Information				-				
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) E	nd of Year	
<u>a</u>	Total plan assets	7a	40	01265				400830	
<u>b</u>	Total plan liabilities	7b							
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	40	01265				400830	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		3738					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3738	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		4173					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4173	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						-435	
	Transfers to (from) the plan (see instructions)	8j							
	t 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 Plant	an Cha	racteri	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 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 fidelity bond, that was caused by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g				10g		Χ			
h	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 Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o
	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identif	ication Information			10/01/00	110
For calendar plan year 2018 or fiscal plan	year beginning 01/	01/2018	and ending	12/31/20	
A This return/report is for:	igle-employer plan	multiple-employer plar ist of participating emp	ı (not multlemployer) (i loyer information in ac	Filers checking this cordance with the	s box must attach a form instructions.)
	e-participant plan	foreign plan			
B This return/report is	irst return/report	e final return/report			
∏ an s	mended return/report	short plan year return/	report (less than 12 mo	onths)	
C Check box if filing under:	n 5558	utomatic extension		DFVC program	1
<u> </u>	cial extension (enter description)		'	ш.	
	n-enter all requested informat				
	II BIKOI ZII ICQUOSICO IIIOMIA			1b Three-digit	
1a Name of plan Hollenco Retirement Pl	an			plan numbe (PN)	001
	×			1c Effective de	ite of plan
5.				01/01/2	
2a Plan sponsor's name (employer, if for Mailing address (include room, apt., s	r a single-employer plan)	\		2b Employer to (EIN) 81-2	ientification Number 2437937
City or town, state or province, count	v. and ZIP or foreign postal cod	<i>)</i> le (if foreign, see instru	ctions)		telephone number
Hollenco Inc.				206-353	
0122 N H 1604b Ct		/rt	Í	2d Business co	ode (see instructions)
8122 N.E. 169th St.	15			×	
Kenmore	518210				
3a Plan administrator's name and addre	ss X Same as Plan Sponsor.			3b Administrat	ors EIN
				3c. Administrat	or's telephone number
				O / (cirillional	
4 If the name and/or EIN of the plan sp	ponsor or the plan name has ch	anged since the last re	turn/report filed for	4b EIN	9
this plan, enter the plan sponsor's n	ame, EIN, the plan name and th	e plan number from th	e last return/report.	4d PN	
a Sponsor's name				40 FN	
C Plan Name					
5a Total number of participants at the b	eginning of the plan year			5a	2
b Total number of participants at the e					2
C Number of participants with account	balances as of the end of the p	lan year (only defined	contribution plans	5c	. 2
complete this item)	*******************************	****************		5d(1)	2
d(1) Total number of active participant				F 1/0)	2
 d(2) Total number of active participant e Number of participants who termina 	is at the end of the plan year	veer with accrued he	nefits that were less		
than 100% vested				. 5e	0
Caution: A penalty for the late or inco Under penalties of perjury and other pen	mplete filing of this return/rep	ort will be assessed	unless reasonable ca	ause is establishe eport Including if	applicable, a Schedule
SB or Schedule MB completed and signe bellef, it is true, correct and complete.	attes set form in the instructions	as the electronic ver	sion of this return/repo	ort, and to the best	of my knowledge and
SIGN SIGN	WIN		Andy Hollenbe	eck	
HERE Signature of plan adminis	imia.	Date	Enter name of Indivi	dual signing as ni	an administrator
orginature of plan adminis			Litter Hame Of their		
SIGN	trator	Date	Enter name of more	ddai sigriing do pii	

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b c	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 if you answered "No" to either line 6a or line 6b, the plan cann 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	an indeper and conditi ot use For nsurance pr	ident qualified public actions.)	instea	int (IQ d use 021)? .	PA) Form 5	5500.	
Pai	t III Financial Information	,						
7	Plan Assets and Liabilities		(a) Beginning o				(b) End	i of Year
а	Total plan assets	7a		401,2	265			400,830
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c		401,2	265			400,830
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)			_			
	(3) Others (including rollovers)	8a(3)			_			
b	Other income (loss)	8b		3,	738			
_	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3,738
	Benefits paid (including direct rollovers and insurance premiums	8d						
	to provide benefits)	Be Be						2117 20 70
	Administrative service providers (salaries, fees, commissions)	8f		4.	173			
				-	+			
	Other expenses (add llane 2d, 2e, 2f, and 2e)	8g 8h			-1		7	4,17
	Total expenses (add lines 8d, 8e, 8f, and 8g)			-	-			-43
÷	Net Income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	81						
Par		8]						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides pension and the plan provides welfare for the plan provides welfare for the plan provides welfare for the plan provides pension and the plan provides welfare for the plan provides welfare f							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary F	iduclary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		х		
C	Was the plan covered by a fidelity bond?			10c		х		
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		
0	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		11
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		$\mathbf{x}_{\mathbb{R}^2}$		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	ənd.)	10a		х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Instru	uctions and 29 CFR	10h		х		
T	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101				

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Part VI	Pension Funding Compliance	V V					
11 Is	s this a defined benefit plan subject to minimum funding r Form 5500) and line 11a below)	equirements? (if "Yes," see instructions	and complete Sch	dule SI	3 	Y	es No
11a E	nter the unpaid minimum required contributions for all ye	ears from Schedule SB (Form 5500) line	40	11a			
12 I	s this a defined contribution plan subject to the minimum RISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12	funding requirements of section 412 of t	he Code or section	1 302 of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		es X No
g	a walver of the minimum funding standard for a prior year ranting the walver.		Month	enter t Day	he date o	of the letter Year	r ruling
lf yo	u completed line 12a, complete lines 3, 9, and 10 of S	schedule MB (Form 5500), and skip to	line 13.				
b Er	nter the minimum required contribution for this plan year			12b			
C Er	iter the amount contributed by the employer to the plan fo	or this plan year		12c			
	subtract the amount in line 12c from the amount in line 12 egative amount)			12d		,	_
e v	Vill the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	No [N/A
Part Vi							
13a ⊦	las a resolution to terminate the plan been adopted in any pla	an year?			Yes	ΧN	0
li li	f "Yes," enter the amount of any plan assets that reverted	I to the employer this year		13a			
	Vere all the plan assets distributed to participants or ben-				[Yes	No No
C I	f, during this plan year, any assets or liabilities were trans which assets or liabilities were transferred.	sferred from this plan to another plan(s),	Identify the plan(s) to			
130	c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
	Se Se						
-	III II						