## 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	Identification Information	<u>n</u>					
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	/2019		and ending 04	4/30/2019		
A This re	turn/report is for:	X a single-employer plan			an (not multiemployer) ( ployer information in ac		_	
		a one-participant plan		eign plan	, ,,			,
<b>B</b> This ret	urn/report is	the first return/report	X the fi	nal return/report				
		an amended return/report	X a sho	ort plan year return	/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	auto	matic extension		DFVC pr	ogram	
		special extension (enter desc	<u>'</u>					
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name HODDER &	of plan COMPANY, PLLC CA	SH BALANCE PLAN				1b Three plan (PN)	number	002
						1c Effect	tive date of 01/01	f plan 1/2015
		oyer, if for a single-employer plan)				2b Emplo	oyer Identif	fication Number
		m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		f foreian, see instru	uctions)	(EIN)		074999
,	COMPANY, PLLC	3	(	J J J , 111	,	2c Spon	sor's telepl 253-284	hone number I-9900
						2d Busin	ess code (	see instructions)
3518 6TH AVENUE, STE. 201 TACOMA, WA 98406-5419							5412	11
, , ,								
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	onsor.			<b>3b</b> Admir	nistrator's E	ΞIN
						3c Admir	nietrator'e t	elephone number
						3C Admin	iisti atti s t	elepriorie number
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				<b>4b</b> EIN		
	sor's name					4d PN		
C Plan N	Name							
<b>5a</b> Total	number of participants	at the beginning of the plan year.				5a		3
<b>b</b> Total	number of participants	at the end of the plan year				5b		0
		account balances as of the end of		, ,	•	5c		
d(1) Total number of active participants at the beginning of the plan year						5d(1)		3
` '	·	articipants at the end of the plan ye				5d(2)		0
than	100% vested	terminated employment during the				5e		0
Caution: A	A penalty for the late	or incomplete filing of this return	rn/report v	vill be assessed u	unless reasonable cau	use is estab	lished.	
SB or Sche	alties of perjury and ot edule MB completed a true, correct, and com	ther penalties set forth in the instruind signed by an enrolled actuary, a plete.	uctions, I do as well as	eclare that I have of the electronic vers	examined this return/re sion of this return/repor	port, includir t, and to the	ng, if applic best of my	able, a Schedule howledge and
SIGN	Filed with authorized	/valid electronic signature.	10	0/02/2019	JOHN HODDER			
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing a	ıs plan adn	ninistrator
SIGN								
HERE	Signature of emplo	yer/plan sponsor	[	Date	Enter name of individ	ual signing a	as employe	r or plan sponsor

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_	Were all of the plan's assets during the plan year invested in eligible.  Are you claiming a waiver of the annual examination and report of a							X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		·····	·····		X Yes No
С	If you answered "No" to either line 6a or line 6b, the plan cannot be 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	surance p	orogram (see ERISA se	ection 4	021)?	[	Yes X N	Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) E	nd of Year
a	Total plan assets	7a	25	57242				0
<u>b</u>	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c	2	57242				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		12108	_			
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12108
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	69350				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						269350
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-257242
	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 1C	feature co	odes from the List of Plants	an Cha	racteri	stic Co	odes in the i	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	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 contributed 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.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			500000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g			•	10g		X		
h	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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	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		Yes X	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?				Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	l enter t _ Day		of the lett Year		l 
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	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	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	( <b>3)</b> PN(s)	)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Sensitis Security Administration Pension Benefit Guarenty Corporation

Occasional off state

## 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

	7 OUNDIOLO LIL CITATION II	I gocordante with ma metartions to me comit	1000-01	<del></del>						
For calendar plan year 2018 or	t Identification Informatio				·					
TOT Caleridat pian year 2010 of		01/01/2019 and ending	*****	/30/201						
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	Filers ch accordanc	ecking this b e with the for	ox must attach a m instructions.)					
The second of th	a one-participant plan	a foreign plan			•					
B This return/report is	the first return/report	X the final return/report								
	an amended return/report	a short plan year return/report (less than 12 n	2 months)							
C Check box if filing under:	Form 5558	automatic extension	☐ DFV	program						
	special extension (enter desc	cription)	•							
Part II Basic Plan Info	ormation-enter all requested in	nformation								
1a Name of plan	, PLLC Cash Balance I		pla	ree-digit an number						
				N) •	002					
				fective date : 1/01/20						
2a Plan sponsor's name (emple Mailing address (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.	O. Box)			tification Number					
City or town, state or province	e, country, and ZIP or foreign pos	fal code (if foreign, see instructions)	· · · · · · · · · · · · · · · · · · ·	N) 91 -20	phone number					
Hodder & Company,	PLLC		2	3-284-9	900					
3518 6th Avenue,	Ste. 201		2d Bu	siness code	(see instructions)					
Tacoma	WA 98406~	5419	54	11211						
3a Plan administrator's name a	nd address X Same as Plan Spo	nsor.		ministrator's	EIN					
	<del>_</del>									
			SC A	ministrators	telephone number					
				· · · · · · · · · · · · · · · · · · ·						
4 If the name and/or EIN of the this plan, enter the plan spor	e plan sponsor or the plan name hitsor's name, EIN, the plan name of	as changed since the last return/report filed for and the plan number from the last return/report.	4b E	V						
a Sponsor's name	·	,	4d PN	3						
C Plan Name										
5a Total number of participants	at the beginning of the plan year	Distriction	5a		3					
b Total number of participants	at the end of the plan year	***************************************	5b		0					
<ul> <li>Number of participants with a</li> </ul>	eccount balances as of the end of	the plan year (only defined contribution plans	5c							
		an year	5d(1)		3					
d(2) Total number of active par	ticipants at the end of the plan yea	ar	5d(2)		0					
Number of participants who s     than 100% vested.	lerminated employment during the	plan year with accrued benefits that were less	5e		0					
Caution: A penalty for the late o	r incomplete filling of this return	Vreport will be assessed unless reasonable ca	use is es	ablished.						
Under penalties of perjury and oth	er panalties set forth in the instruct d signed by an enrofled actuary, a	clions, I declare that I have examined this return/res s well as the electronic version of this return/repor	port, inclu	ding, if appl	icable, a Schedule by knowledge and					

18/2/2019

Date

Date

John Hodder

Enter name of Individual signing as plan administrator

Signature of plan administrator

SIGN

HERE

SIGN HERE

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Page 2

(	Were all of the plan's assets during the plan year invested in eligical 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 can: If the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the confirmation of the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan.	f an indepe r and cond n <b>ot use F</b> e insurance (	endent qualified public likins.) orm 5500-SF and mu- program (see ERISA s	accoun st Inste	tent (10 ad us: 1021)?	QPA) B Forn	n 5500. ] Yes 🔯 No	. 🛚	t detern	nined
P	art III   Financial Information	- <sub>1</sub>	4							
_7_	Plan Assets and Liabilities		(a) Beginning	of Year	r	····	(b) En	d of Yea	t	
***	Total plan assets	. 7a		257,	242					C
b	Total plan flabilities	. 7b								
	Net plan assets (subtract line 7b from line 7a)	. 7c		257,	242					C
_8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	. 8a(1)			0					
	(2) Participants	8a(2)								
	(3) Others (Including rollovers)	8a(3)								
b	Other income (loss)	8b		12,	108					
c	Total income (add lines 8e(1), 8a(2), 8a(3), and 8b)	Bc							12	,108
d	Benefits paid (including direct rollovers and Insurance premiums to provide benefits)	8d		269,	350					
	Certain deemed and/or corrective distributions (see instructions)	8e		····						
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8In							269	,350
1	Net income (loss) (subtract line 8h from line 8c)	81						<del> </del>	-257	,242
j	Transfers to (from) the plan (see Instructions)	8i				*****				
Pa	t IV Plan Characteristics						<del>*************************************</del>			
9a	If the plan provides pension benefits, enter the applicable pension 1C	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions	<b>\$</b> :	<del></del>
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Char	acteris	lic Coc	des in the inst	ructions:		
Par	t V Compliance Questions									***************************************
10	During the plan year:				Yes	No		Amoun	ŧ	
а	Was there a fallure to transmit to the plan any participant contribut 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 10s.)	? (Do not i	nclude transactions	10b		Х				
c	Was the plan covered by a fidelity bond?	*********	(**1**************************	10c	Х				500	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		х		· · · · · · · · · · · · · · · · · · ·	<del></del>	·
8	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	er persons e or all of t	by an insurance he benefits under	10e		х		······································		-,
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				***************************************
â	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х				
h	If this is an Individual account plan, was there a blackout period? (92520.101-3.)		***************************************	10h		Х				
Ī	if 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the							

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Part VI Pension Funding Compliance			·	~~~~~~	<del></del>	
11 Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instruction (Form 5500) and line 11a below)	ons and complete Sc	nedule S	3B		Yes	X No
Tra Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) I	ine 40	11a	T	· · · · · · · · · · · · · · · · · · ·	}	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 ERISA?	of the Code or sectle	n 302 d	of		Yes	⊠ No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver,	. Month	d enter Da		of the le Yea		ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.	**************************************	( <del>)</del>	······································		<del></del>
b Enter the minimum required contribution for this plan year		12b	T	***************************************	**********	**********
C Enter the amount contributed by the employer to the plan for this plan year	*******************************	12¢	1		<del>)</del>	
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	n to the left of a	12d				
e 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	П	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	<u> </u>			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, control of the PBGC?	or brought under the			Yes		0
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred.	s), identify the plan(s	) to	1			······
13c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	l(s)

Oct 7 2019

Madhavi Vuthoori

Myuthoori@rdbplle.com

Madhavi,

Please find following the signed Form 5500-sf.

Jim Nelsen