## 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 section 6058(a) of the Internal Revenue Code (the Code).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.											
Pa	art I	Annual Report	Iden	tification Information				•				
For	For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 12/31/2010											
Α.	This ret	urn/report is for:	X s	ingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
	B This return/report is for:   ☐ final return/report											
	11113 161	um/report is ior.	H	□	1	•	nthe)					
☐ an amended return/report ☐ short plan year return/report (less than 1						• • •	niuis)	□ pc/0				
C	Check b	oox if filing under:	H	orm 5558	extension		DFVC program					
			S	pecial extension (enter description	on)							
Pa	rt II	Basic Plan Info	rmat	ion—enter all requested inform	nation							
1a	Name	of plan					1b	Three-digit				
PHA	CTS, LI	LC 401K PLAN						plan number 001				
							4.0	(PN) • 001				
							10	Effective date of plan 10/01/2010				
22	Dlan cr	noncor's name and add	drocc	(employer, if for single-employer	r plan)		2h	Employer Identification Number				
	CTS, LL		uiess	(employer, ii for sirigle-employer	piari)		20	(EIN) 26-1078868				
							2c	Plan sponsor's telephone number				
		3RD STREET VA 98105						206-850-5880				
OLA	, , , , , , , , , , , , , , , , , , ,	VA 30103					2d	Business code (see instructions) 541511				
22	Dlana	dministratoris name an	ad add	race (if some so Dian energy	ntor "Com	2"\	2h					
PHA	CTS, LL	oministrator's name an _C	na add	ress (if same as Plan sponsor, e 1023 N.E. 43	RD STRE	e) ET	30	Administrator's EIN 26-1078868				
				SEATTLE, V	VA 98105		3c	Administrator's telephone number				
								206-850-5880				
				consor has changed since the la		eport filed for this plan, enter the	4b	4b EIN				
-	name, E	EIN, and the plan numb	ber fro	m the last return/report. Sponso	or's name		40	PN				
52	Total	number of participants	at tha	haginning of the plan year			1	0				
						5a	-					
b Total number of participants at the end of the plan year								9				
С						rear (defined benefit plans do not	5c	9				
60							•	X Yes ☐ No				
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
						SF and must instead use Form 55						
Pa	Part III Financial Information											
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year				
а	Total p	olan assets			. 7a		0	13269				
b					. 7b							
С	Net pla	an assets (subtract line	e 7b fr	om line 7a)	. 7c		0	13269				
8	Incom	e, Expenses, and Tran	nsfers	for this Plan Year		(a) Amount		(b) Total				
а		butions received or rec				738		(1)				
	(1) Employers						9					
	<b>(2)</b> Pa	articipants			583	3						
	(3) Ot	thers (including rollove	ers)		. 8a(3)							
b	Other	income (loss)			. 8b	4	7					
С	Total i	ncome (add lines 8a(1)	l), 8a(2	2), 8a(3), and 8b)	. 8c			13269				
d				vers and insurance premiums								
				·	. 8d		_					
е	Certai	n deemed and/or corre	ective	distributions (see instructions)	. 8e		_					
f Administrative service providers (salaries, fees, commissions) 8f												
g	Other expenses											
h	Total e	expenses (add lines 8d	d, 8e, 8	Bf, and 8g)	. 8h			0				
i	Net in	come (loss) (subtract li	ine 8h	from line 8c)	8i			13269				
j				structions)								

	F	orm 5500-SF 2010 Page <b>2-</b>								
Par	art IV Plan Characteristics									
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	aracteri	stic Co	des in	the instru	ctions	:		
		2J 2F 2G 3D								
D	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Co	des in t	ne instruc	tions:			
art	V	Compliance Questions								
0		ng the plan year:		Yes	No		Amo			
-		there a failure to transmit to the plan any participant contributions within the time period described i	<u>,                                     </u>				AIIIC	unt		
_		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	ı				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			Х					
		ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c		^					
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc shonesty?	10d		X					
е	Were	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,								
		rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Χ					
f		the plan failed to provide any benefit when due under the plan?			X					
			10f		X					
g		he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g							
h	2520	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					П	Yes	No	
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection	302 of E	ERISA?		Yes	No	
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						-		
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr								
lf v	-	ing the waiver			Day <sub>-</sub>		rea	r		
		r the minimum required contribution for this plan year		Γ	12b					
		r the amount contributed by the employer to the plan for this plan year		T	12c					
		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le		···	40-1					
		tive amount)		<u>L</u>	12d					
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	lo	N/A	
art	VII	Plan Terminations and Transfers of Assets								
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough e PBGC?	t under	the co			П	Yes	X No	

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	08/03/2011	MOR MCCARTHY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** This form is required to be filed under sections 104 and 4065 of the Employee

Short Form Annual Return/Report of Small Employee

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Complete all entries in acco	ordance w	ith the instructions to the Form 55	00-SF		spection			
	Part I Annual Report Identification Information	Personal							
	or calendar plan year 2010 or fiscal plan year beginning	10/01	/2010 and ending		12/31/201	0			
A	This return/report is for:	multiple-employer plan (not multiemployer) one-participant plan							
B	This return/report is for:	final retu							
	an amended return/report	X short pla	an year return/report (less than 12 mo	onths)					
C	Check box if filing under: Form 5558								
		bx box if filing under: Form 5558 automatic extension DFVC program  special extension (enter description)							
P	Part II Basic Plan Information—enter all requested inform								
	Name of plan	mation		1 41					
-	PHACTS, LLC 401K Plan			10	Three-digit plan number				
	,		(PN)	001					
				1c	Effective date of				
0					10/01/201	1200 CONTRACTOR (1200 C			
28	Plan sponsor's name and address (employer, if for single-employe PHACTS, LLC	er plan)		2b	ication Number				
					(EIN) 26-107				
	1023 N.E. 43rd Street			20		elephone number			
	Seattle WA 98105			2d	206-850-58 Business code (				
2-					541511	see manachons)			
Sa	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon$ PHACTS , $LLC$	enter "Sam	e")	3b	Administrator's E				
	1023 N.E. 43rd Street			20	26-1078868				
	Seattle WA 98105			36	206-850-58	elephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b		700			
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4-					
5a	Total number of participants at the beginning of the plan year			4c	PN				
	Total number of participants at the end of the plan year	5a							
	Total number of participants with account balances as of the end of			5b		9			
	complete this item)	ir the plan y	rear (defined benefit plans do not	5c		9			
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IOF	Δ					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)			X Yes No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.					
7	Plan Assets and Liabilities			<del></del>					
-			(a) Beginning of Year	+	(b) End o				
	Total plan liabilities					13269			
	Total plan liabilities	-		_					
8	Net plan assets (subtract line 7b from line 7a)	7c				13269			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	-	(b) To	otal			
-	(1) Employers	8a(1)	7389						
	(2) Participants		5833						
	(3) Others (including rollovers)								
b	Other income (loss)		47	7					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					13269			
	Benefits paid (including direct rollovers and insurance premiums					13209			
-	to provide benefits)	8d		1					
	Certain deemed and/or corrective distributions (see instructions)	8e							
12/2	Administrative service providers (salaries, fees, commissions)	8f							
9	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0			
	Net income (loss) (subtract line 8h from line 8c)	8i				13269			
J	Transfers to (from) the plan (see instructions)	0:	80 d4 d8 700 d8						

		Form 5500-SF 2010 Page <b>2-</b>						
Pa	rt 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 2F 2G 3D							
b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Co	des in	the instruct	ions:	
Par	t V	Compliance Questions					· · · · · · · · · · · · · · · · · · ·	
10	Dur	ing the plan year:		Yes	No		Amount	
а	Wa:	s there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		Х		Amount	
b	Wei on I	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ine 10a.)	10b		Х			
C		s the plan covered by a fidelity bond?	10c		х			
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudishonesty?	10d		Х			
е	Wer	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	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							
art	VI	Pension Funding Compliance			,			
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete S	Schedu	ıle SB	(Form	Пи	П.,
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo				DICAG	Yes Yes	+
а	(If "Y If a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ting the waiver	uctions, nth	and er	nter the	e date of the	e letter ru	ling
	ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_				
		r the minimum required contribution for this plan year		-	l2b			
d	Subtr	r the amount contributed by the employer to the plan for this plan year ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef tive amount)	t of a		12c	P		
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes [	No [	N/A
art	Control of the second	Plan Terminations and Transfers of Assets				103	140	I N/A
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
		s," enter the amount of any plan assets that reverted to the employer this year		-	13a		□ .00	24 110
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?	under t	he con	trol		Yes	X No
C	If dur	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)	he plan	(s) to				
1:	3c(1)	Name of plan(s):	T	13c(	2) EIN	(s)	13c(3)	PN(s)
					•		,	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN // / /	08/03/2011	MOR MCCARTHY					
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN ///a	08/03/2011	MOR MCCARTHY					
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					