	Form 5500-SF	Form 5500-SF Short Form Annual Return/Report of Small En Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service						2011				
	Department of Labor nployee Benefits Security Administration	ISA), and sections 6057(b) and 6058(Code (the Code).									
	ension Benefit Guaranty Corporation		dance wit	h the instructions to the Form 5500)-SF.	IIIS	pection				
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information al plan year beginning 01/01/2012	0	and ending 00	6/27/2	204.2					
		a single-employer plan			0/21/2						
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-particip	bant plan				
в	This return/report is:	the first return/report		eturn/report							
•				an year return/report (less than 12 mo	ontns)	_					
C	Check box if filing under:	Form 5558		extension		DFVC progra	IM				
D		special extension (enter descriptio	,								
	nt II Basic Plan Inform	nation—enter all requested informa	ation		1h	Three-digit					
	CTS, LLC 401K PLAN				10	plan number					
	/					(PN) 🕨	001				
					1c	Effective date of 10/01	•				
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identit (EIN) 26-10	fication Number 78868				
1022	N.E. 43RD STREET				2c	Sponsor's telep 206-850					
	TLE, WA 98105			-	2d	Business code (54151	,				
	Plan administrator's name and CTS, LLC	address (if same as plan sponsor, er 1023 N.E. 43F	RD STREE		3b	Administrator's 26-10	EIN 78868				
		SEATTLE, W	A 98105		Administrator's telephone number 206-850-5880						
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN					
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN					
	1	the beginning of the plan year			5a		15				
b					5b		0				
С	Number of participants with ac	count balances as of the end of the p	olan year (d	defined benefit plans do not	5c		0				
6a	,			(See instructions.)			X Yes No				
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
Pa	rt III Financial Informa		5111 5500-	or and must instead use form 550	<i>.</i>						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year				
а	Total plan assets		7a	147101			0				
b	Total plan liabilities		7b								
С	Net plan assets (subtract line 7	b from line 7a)	7c	147101			0				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal				
а	Contributions received or recei	vable from:	8a(1)	15878							
			8a(2)	35464							
			8a(3)	95	_						
b	() ()			3999							
С	(<i>)</i>	8a(2), 8a(3), and 8b)	8c				55436				
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	201871							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f	666							
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				202537				
i		e 8h from line 8c)					-147101				
j	Transfers to (from) the plan (se	ee instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	rt V Compliance Questions									
10	During the plan year:			Yes	No		Amo	unt		
а	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)				x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				x					
С	• Was the plan covered by a fidelity bond?		10c	Х					50000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		10d		Х					
е	e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits under the plan? (See	10e	x		462				
f	Has the plan failed to provide any benefit when due under the pla	n?	10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)	10g		Х					
h	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 t exceptions to providing the notice applied under 29 CFR 2520.10		10i							
Part	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500))							Yes	No	
	 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applied If a waiver of the minimum funding standard for a prior year is being ranting the waiver. f you completed line 12a, complete lines 3, 9, and 10 of Schedul 	ng amortized in this plan year, see instruction Mont			Day					
					12b					
	, , , , , , , , , , , , , , , , , , , ,	-			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	he funding deadline?				Yes	Ν	lo	N/A	
Part	t VII Plan Terminations and Transfers of Assets									
13a	a Has a resolution to terminate the plan been adopted in any plan year?				XY	′es N	0			
	If "Yes," enter the amount of any plan assets that reverted to the	mployer this year	1	3a					0	
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?						×	Yes	No	
C	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identify th	ne pla	n(s) to						
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) PN(s)				PN(s)	
Caut	ution: A penalty for the late or incomplete filing of this return/re	oort will be assessed unless reasonabl	le cau	ise is	establ	ished.				

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	Filed with authorized/valid electronic signature.	08/21/2012	MAY 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		eport of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Lunder sec	tions 104 and 4065 of the Employee	2011				
Emț	Department of Labor bloyee Benefits Security Administration	Retirement Income Security Act of	SA), and sections 6057(b) and 6058(Code (the Code).) and 6058(a) of This Form is Open to P Inspection					
Per	nsion Benefit Guaranty Corporation	Complete all entries in accord	lance with	the instructions to the Form 5500	-SF.	mapeorion			
Pa	rt I Annual Report Id	Ientification Information	1/01/0	010 and anding		06/27/2012			
For c	alendar plan year 2011 or fisca		01/01/2						
Ат	his return/report is for:			employer plan (not multiemployer)	L	a one-participant plan			
Вт	his return/report is:		the final re		- ())				
				n year return/report (less than 12 mo	ntns) r				
C c	heck box if filing under:	Form 5558	automatic	extension	L	DFVC program			
	special extension (enter description)								
Pai		mation—enter all requested informa	ation		1h ·	Three-digit			
	Name of plan	NT .				plan number			
PHT	ACTS, LLC 401K PLAN	N				(PN) ▶ 001			
						Effective date of plan .0/01/2010			
		ess; include room or suite number (er	mployer, if	for a single-employer plan)		Employer Identification Number (EIN) 26-1078868			
PHA	CTS, LLC					Sponsor's telephone number			
102	3 N.E. 43rd Street	E CONTRACTOR OF CONT				206-850-5880			
						Business code (see instructions)			
	ittle	WA 98105				541511			
3a PHA	Plan administrator's name and \CTS,LLC	address (if same as plan sponsor, er	nter "Same'	')	3b Administrator 26-10788				
	3 N.E. 43rd Street	t WA 98105			3c Administrator's telephone num 206-850-5880				
4	If the name and/or EIN of the	plan sponsor has changed since the l	ast return/r	eport filed for this plan, enter the	4b	EIN			
name, EIN, and the plan number from the last return/report.					4c	PN			
a Sponsor's name5a Total number of participants at the beginning of the plan year					5a	15			
b Total number of participants at the end of the plan year					5b	0			
	• •	ccount balances as of the end of the p							
	complete this item)			5c					
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)		X Yes 🗌 No			
b	Are you claiming a waiver of t	he annual examination and report of a	dent qualified public accountant (IQ)	-A) 	X Yes No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
	t III Financial Inform		1 1						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
	•			14710	1	0			
				14010	-	0			
		7b from line 7a)	. 7c	14710					
	Income, Expenses, and Trans			(a) Amount	(b) Total				
а	Contributions received or rece	eivable from:	. 8a(1)	1587					
			. 8a(2)	3546					
		s)	. 8a(3)	<u></u>					
b		, 		399					
		, 8a(2), 8a(3), and 8b)	. 8c			55436			
d	Benefits paid (including direct to provide benefits)	rollovers and insurance premiums	. 8d	201871					
e Certain deemed and/or corrective distributions (see instructions) 8e									
f		istrative service providers (salaries, fees, commissions)							
g									
-		, 8e, 8f, and 8g)							
i		ne 8h from line 8c)	1	i147					
j	• • •	see instructions)				Form 5500.SE (2011)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV **Plan Characteristics**

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V **Compliance Questions**

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10	During the plan year:					Yes No A			
а	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)			x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x					
С	Was the plan covered by a fidelity bond?	10c	х						50000
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					
e						462			
f	Has the plan failed to provide any benefit when due under the plan?	10f		x					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x					
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	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Scheo	lule S	B (Forr	n 	Π	Yes	N₀
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Π	Yes	X No
	(If "Yes," complete 12a or 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 instruct	tions,	and e	enter t	he date	e of th	e lett	er ruli	ng
16.	granting the waiver	th		Day	′	`	Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	1				
	b Enter the minimum required contribution for this plan year								
	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)				<u> </u>		<u></u>		1
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	••••••			Ye	es [N	2 C	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 employer this year	1	3a						0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought 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 th which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		13	c(2) E	lN(s)		1	3c(3)	PN(s)
									<u></u>
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	se is	estab	lished				
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ it is true, correct, and complete.	rn/rep eport	ort, in , and t	cludir o the	ıg, if ap best of	plicat i my ki	ole, a nowle	Sche edge a	dule and
	Car it in the in								

SIGN	May & Meloly		MAY MCCARTHY
HERE	Signature of plan administrator	Date 8-7-12	Enter name of individual signing as plan administrator
SIGN	Mang hel and by		MAY MCCARTHY
HERE	Signature of employer/plan sponser	Date <i>影</i> -フ-ノン	Enter name of individual signing as employer or plan sponsor