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

2016

This Form is Open to Public Inspection

For calenda			1		0/0//00/0	
	ar plan year 2016 or	fiscal plan year beginning 01/01/2			2/31/2016	
		X a single-employer plan		olan (not multiemployer)		
A This return/report is for:	a one-participant plan	_ ' ' "	mployer information in a	ccordance with the fo	orm instructions.)	
		a one-participant plan	a foreign plan			
D Th:	/	the first return/report	the final return/report			
D This retu	urn/report is	H			(1)	
		an amended return/report	☐ a snort plan year retu	ırn/report (less than 12 m	nontns)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	ription)		_	
Part II	Basic Plan Inf	formation—enter all requested in				
1a Name		enter an requested in	Tomation		1b Three-digit	
	K 401(K) PLAN				plan number	
					(PN) •	001
					1c Effective date	
					01	/01/2016
		ployer, if for a single-employer plan)	D. D\		2b Employer Ide	
		oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		structions)	(=)	7-3441336
HAIKU DECK, INC.					2c Sponsor's tel	lephone number 551-5322
999 3RD AVI	=					le (see instructions)
SEATTLE, W					51	1210
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administrator	's EIN
					3c Administrator	's telephone number
		the plan sponsor has changed since	the last return/report filed			
	, Elin, and the plan h		and last rotally roport mod	for this plan, enter the	4b EIN	
a Sponsor's name						
		number from the last return/report.			4c PN	
5a Total r	number of participan	nts at the beginning of the plan year.			4c PN 5a	4
5a Total r	number of participan	nts at the beginning of the plan yearts at the end of the plan year			4c PN	4
5a Total r b Total r c Numb	number of participan number of participan er of participants wit	nts at the beginning of the plan year	the plan year (only define	d contribution plans	4c PN 5a	5
5a Total r b Total r c Numb	number of participan number of participan er of participants wit lete this item)	nts at the beginning of the plan yearts at the end of the plan yearth account balances as of the end of	the plan year (only define	d contribution plans	4c PN 5a 5b 5c	5
5a Total r b Total r c Numb compl d(1) Total	number of participan number of participan er of participants wit lete this item) al number of active p	ats at the beginning of the plan yearts at the end of the plan yearth account balances as of the end of	the plan year (only define	d contribution plans	4c PN 5a 5b 5c 5d(1)	5 4 4
5a Total r b Total r c Numb compl d(1) Tota d(2) Total	number of participan number of participan er of participants wit lete this item) al number of active p al number of active p	ats at the beginning of the plan yearth account balances as of the end of the plan year	the plan year (only define	d contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2)	5 4 4
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb	number of participan number of participan er of participants wit lete this item)al number of active pal number of active paer of participants the	ats at the beginning of the plan yearts at the end of the plan yearth account balances as of the end of coarticipants at the beginning of the plan year terminated employment during the	the plan year (only define lan yearlan year	d contribution plans	4c PN 5a 5b 5c 5d(1)	5 4 4 5
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than	number of participan number of participan er of participants wit lete this item)al number of active pal number of active paer of participants the 100% vested	ats at the beginning of the plan yearth account balances as of the end of the plan year	the plan year (only define lan yearareplan year with accrued b	d contribution plans	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	5 4 4 5
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A	number of participan number of participans er of participants wit lete this item)	nts at the beginning of the plan year the account balances as of the end of the plan year coarticipants at the beginning of the plan year terminated employment during the plan year.	the plan year (only define lan yeare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	5 4 4 5 0 plicable, a Schedule
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena	number of participan number of participans er of participants wit lete this item)	nts at the beginning of the plan year the account balances as of the end of the plan year coarticipants at the beginning of the plan year terminated employment during the plan year.	the plan year (only define lan yeare plan year with accrued b	d contribution plans enefits that were less d unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	5 4 4 5 0 plicable, a Schedule
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	number of participan number of participans er of participants wit lete this item)	nts at the beginning of the plan year the account balances as of the end of the plan year coarticipants at the beginning of the plan year terminated employment during the plan year.	the plan year (only define lan yeare plan year with accrued b	enefits that were less d unless reasonable ca e examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	5 4 4 5 0 plicable, a Schedule
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena	number of participan number of participans er of participants wit lete this item)	ats at the beginning of the plan year. ats at the end of the plan year th account balances as of the end of the plan yearticipants at the beginning of the plan yearticipants at the end of the plan year terminated employment during the terminated employment during the other penalties set forth in the instruand signed by an enrolled actuary, amplete.	the plan year (only define lan yeare plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic version of the plan year with accrued b n/report will be assessed to not be n	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap rt, and to the best of	plicable, a Schedule my knowledge and
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is t	number of participan number of participans er of participants wit lete this item)	ats at the beginning of the plan year. ats at the end of the plan year th account balances as of the end of the plan yearticipants at the beginning of the plan yearticipants at the end of the plan year terminated employment during the terminated employment during the other penalties set forth in the instruand signed by an enrolled actuary, amplete.	the plan year (only define lan year e plan year with accrued b	enefits that were less d unless reasonable ca e examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap rt, and to the best of	plicable, a Schedule my knowledge and
5a Total r b Total r c Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE	number of participan number of participans er of participants wit lete this item)	ats at the beginning of the plan year. ats at the end of the plan year th account balances as of the end of the plan yearticipants at the beginning of the plan yearticipants at the end of the plan year terminated employment during the terminated employment during the other penalties set forth in the instruand signed by an enrolled actuary, amplete.	the plan year (only define lan yeare plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic version of the plan year with accrued b n/report will be assessed to not be n	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if ap rt, and to the best of	plicable, a Schedule my knowledge and
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5a Total r b Total r C Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	number of participan number of participan er of participants wit lete this item)	ats at the beginning of the plan year. Its at the end of the plan year It account balances as of the end of the account balances as of the end of the plan yearticipants at the end of the plan year terminated employment during the error incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, amplete. In administrator	the plan year (only define lan yeare plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic verse of the plan year 05/23/2017 Date Date	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report ADAM J. TRATT Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	plicable, a Schedule my knowledge and administrator
5a Total r b Total r C Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	number of participan number of participan er of participants wit lete this item)	ats at the beginning of the plan year. ats at the end of the plan year th account balances as of the end of the account balances as of the end of the plan yearticipants at the end of the plan yeat terminated employment during the error incomplete filing of this return other penalties set forth in the instrument and signed by an enrolled actuary, amplete. Advalid electronic signature. Administrator	the plan year (only define lan yeare plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic verse of the plan year 05/23/2017 Date Date	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report ADAM J. TRATT Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	plicable, a Schedule my knowledge and administrator
5a Total r b Total r C Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	number of participan number of participan er of participants wit lete this item)	ats at the beginning of the plan year. ats at the end of the plan year th account balances as of the end of the account balances as of the end of the plan yearticipants at the end of the plan yeat terminated employment during the error incomplete filing of this return other penalties set forth in the instrument and signed by an enrolled actuary, amplete. Advalid electronic signature. Administrator	the plan year (only define lan yeare plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic verse of the plan year 05/23/2017 Date Date	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report ADAM J. TRATT Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	plicable, a Schedule my knowledge and administrator
5a Total r b Total r C Numb compl d(1) Tota d(2) Tota e Numb than Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE	number of participan number of participan er of participants wit lete this item)	ats at the beginning of the plan year. ats at the end of the plan year th account balances as of the end of the account balances as of the end of the plan yearticipants at the end of the plan yeat terminated employment during the error incomplete filing of this return other penalties set forth in the instrument and signed by an enrolled actuary, amplete. Advalid electronic signature. Administrator	the plan year (only define lan yeare plan year with accrued b n/report will be assessed ctions, I declare that I have as well as the electronic verse of the plan year 05/23/2017 Date Date	enefits that were less d unless reasonable ca e examined this return/report ersion of this return/report ADAM J. TRATT Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	plicable, a Schedule my knowledge and administrator

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6a Were all of the plan's assets during the plan year invested in eligi	hle assets?	(See instructions.)						X Yes	No
b Are you claiming a waiver of the annual examination and report of		,							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,						× Yes	No
If you answered "No" to either line 6a or line 6b, the plan can C If the plan is a defined benefit plan, is it covered under the PBGC					_	_	∏No	Not dete	rminad
	irisurarice p	ologialii (see ERISA si	ection 4	021)?		168	Пио	Not dete	emmed
Part III Financial Information		1							
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End		,
a Total plan assets	7a			'				11766)
b Total plan liabilities	7b							11766	,
C Net plan assets (subtract line 7b from line 7a)	7c		C	<u> </u>				11700)
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
Contributions received or receivable from: (1) Employers	8a(1)								
(2) Participants	8a(2)		11638						
(3) Others (including rollovers)									
b Other income (loss)	8b		128						
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11766	6
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(
Net income (loss) (subtract line 8h from line 8c)	8i				11766				5
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	n feature co	odes from the List of Pl	lan Cha	racteri	stic Co	odes in	the instr	uctions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	ın Chara	acteris	tic Cod	des in t	the instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contrib									
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	-		10a		X				
b Were there any nonexempt transactions with any party-in-interest			100						
reported on line 10a.)	,		10b		X				
C Was the plan covered by a fidelity bond?			10c	X					1000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	•		10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so					V				
the plan? (See instructions.)			10e		X				
f Has the plan failed to provide any benefit when due under the pl	an?		10f						
g Did the plan have any participant loans? (If "Yes," enter amount	-	-	10g		X				
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 exceptions to providing the notice applied under 29 CFR 2520.1			10i						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	12d				
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

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

2016

This Form is Open to Public Inspection

Part I		Identification Informa							
For calenda	ır plan year 2016 or fi	iscal plan year beginning		01/2016	and ending	12/31/2			
A This rate	urn/report is for:	X a single-employer plan			an (not multiemployer) ployer information in a				
A IIIISTEU	ani/report is for.	a one-participant plan	_	foreign plan	pioyer illionnation ill a	deordance with th	e form instructions.)		
B This retu	rn/report is	x the first return/report	the	e final return/report					
		an amended return/repor	rt as	short plan year returr	n/report (less than 12 n	nonths)			
C Check b	oox if filing under:	Form 5558		utomatic extension		DFVC progra	m		
	<u> </u>	special extension (enter							
Part II		ormation—enter all request	ted informati	on		1h Thron dia			
1a Name o	orpian e ck 401(k) P1 .	an				1b Three-digiting plan number			
naiku De	CK 401(K) F1	a11				(PN)			
						1c Effective of 01/01/2			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)							Identification Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Haiku Deck, Inc.							telephone number		
naiku L	eck, inc.					206-651			
999 3rd	Ave.					2d Business of 511210	code (see instructions)		
						311210			
Seattle		WA 9810	04						
3a Plan ac	lministrator's name a	nd address 🛽 Same as Plan	Sponsor.			3b Administrator's EIN			
						3c Administra	ator's telephone number		
						7 tallillour	itor o toropriorio riambor		
4 If the n	ame and/or EIN of the	e plan sponsor has changed s	since the las	t return/report filed fo	or this plan, enter the	4b EIN	-		
	•	mber from the last return/repo	ort.			40 DN			
a Sponso		at the decidence of the colors				4c PN 5a			
_		at the beginning of the plan y				. 5a . 5b	4 		
		at the end of the plan year account balances as of the er							
						. 5c	4		
d(1) Tota	ıl number of active pa	articipants at the beginning of t	the plan yea	r		. 5d(1)	4		
d(2) Tota	al number of active pa	articipants at the end of the pla	an year			. 5d(2)	5		
		terminated employment durin				5e	o		
Caution: A	penalty for the late	or incomplete filing of this r	return/repoi	rt will be assessed	unless reasonable ca		ed.		
SB or Sche		ther penalties set forth in the in and signed by an enrolled actu							
SIGN		at	05	/23/2017	Adam J.	Tratt			
HERE	Signature of plan a			Date	Enter name of individ		an administrator		
SIGN	organian or prima			- 3110		and the second second			
HERE	Signature of emplo	ver/nlan snonsor		Date	Enter name of individ	dual signing as en	nployer or plan sponsor		
Preparer's r		name, if applicable) and addre	ess (include			Preparer's tele			

	Form 5500-SF 2016		Page 2							
b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf 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	an indeper and condit ot use Fo	ndent qualified public a ions.)rm 5500-SF and must	ccounta	ant (IC	PA) Form	5500.		X Yes X Yes	No
	t III Financial Information	surance p	Togram (see LNISA se	CHOIT 4	021):		165		_ Not dete	,,,,,,,,
7	Plan Assets and Liabilities		(a) Beginning o	of Voor				(b) End o	f Voor	
	Total plan assets	7a	(a) Deginning C	Ji i Cai	o			(b) Liid o		11,766
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c			0					11,766
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	, ,					` ,		
	(2) Participants	8a(2)		11,	638					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b			128					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								11,766
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	8i								11,766
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2J$ $2F$ $2G$ $3D$	feature co	des from the List of Pla	an Chai	acteris	stic Co	des in	the instru	ictions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plar	n Chara	cterist	tic Cod	des in t	the instruc	tions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure 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		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	nclude transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	X					10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)	e or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR			v				

2520.101-3.)

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

10h

10i

	Form 5500-SF 2016 Page 3 -					
D1	// Bondan Formation Committee of					
Part				,		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)				∐ Ye	s 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		n 302 of		П Үе	s X No
	ERISA?					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc			ne date d		uling
If	granting the waiverMonforce of the waiver	ith	_ Day		_ Year	
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a	12d			
е	negative amount)			Yes	No	N/A
Part	/II Plan Terminations and Transfers of Assets		·	-		
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X 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 control of the PBGC?				Yes 🗶	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
				ļ		
Part	VIII Trust Information					
14a	Name of trust		14b ⊺	rust's El	N	
14c	Name of trustee or custodian		14d ⊤	rustee's	or custodia	n's
					number	
Par	IX IRS Compliance Questions				•	
15a	ls the plan a 401(k) plan? If "No," skip b	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Desig	n-based arbor		"Prior yea test	r" ADP
	401(k)(3) for the plan year? Check all that apply:	"Curre	ent year"	П	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Ratio		-		
. • •	year? Check all that apply:		entage		erage nefit test	N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opi the letter and the serial number	inion letter	or advis	ory lette	r, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	r the date	of the m	ost recer	nt determina	tion
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separat service?	ted from	Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?		Yes		No	



TITLE

FILE NAME

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STATUS

Your Form 5500 (e-sign required)

HAIKUDECK_2016 Fo...k 401(k) Plan.pdf

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