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**

A This return/report is or: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a non-e-participant plan a toreign a toreign plan a toreign plan a toreign plan a toreign			Identification Information								
A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC program	For calendar	plan year 2018 or fis	scal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018			
B This return/report is	A This retur	n/report is for:	X a single-employer plan					_			
In the first return/report In a harmoned return/report In a hort plan very return/report (less than 12 months)		a one-participant plan a foreign plan							, , , , , , , , , , , , , , , , , , , ,		
C Check box if filing under:	B This return	/report is	the first return/report	the final return/report							
Part II Basic Plan Information—enter all requested information Ta Name of plan Phase 4 p			an amended return/report	a s	short plan year return	return/report (less than 12 months)					
Part II Basic Plan Information—enter all requested information 1a Name of plan PHASE 4 DESIGN, INC. 401(K) P/S PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., sulte no. and street, or P.O. Box) City or fow, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PHASE 4 DESIGN, INC. 2b Employer Identification Number (EIN) 91-1493719 2c Sponsor's telephone number 425-402-7308 2d Business code (see instructions) FASE 4 DESIGN, INC. 3a Plan administrator's name and address Same as Plan Sponsor. FASE 4 DESIGN, INC. 6616 NE 151ST ST KENMORE, WA 98028 3a Plan administrator's name and address Same as Plan Sponsor. FASE 4 DESIGN, INC. 6616 NE 151ST ST KENMORE, WA 98028 3b Administrator's telephone number 425-402-7308 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c Sal 2 d(1) Total number of active participants at the beginning of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(1) Total number of active participants at the end of the plan year. 5d(2) 2 e Number of participants with account balances as of the end of the plan year. 5d(2) 2 e Number of participants with account balances as of the end of the plan year. 5d(2) 2 e Number of participants with account balances as of the end of the plan year. 5d(2) 2 e Number of participants with account balances as of the end of the plan year. 5d(2) 1 2 Caution: A participant at the beginning of the plan year. 5d(2) 1 2 Caution: A participant at the end of the plan year. 5d(2) 2 Enter name of individual s	C Check bo	x if filing under:	Form 5558	au	itomatic extension		DF	VC program			
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HERE	HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
	HERE	Signature of employer/plan sponsor Date Enter name of individ						dual signing as employer or plan sponsor			

Form 5500-SF (2018) Page **2**

	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 of you answered "No" to either line 6a or line 6b, the plan cannot be under the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan year invested in eligible and the plan year invested in eligible and the plan's asset to be under the plan year invested in eligible and year invested in eligi	an indeper and condit	ndent qualified public a	account	ant (IC	(PA)			No No
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes N		
Pa	rt III Financial Information		T						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year	
а	Total plan assets	7a		28780				48511	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c		28780				48511	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		5396					
	(2) Participants	8a(2)		17156					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		-2432					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				20120			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		389					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						389	
i	Net income (loss) (subtract line 8h from line 8c)	8i						19731	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	-,							
	If the plan provides pension benefits, enter the applicable pension 2G 3D 2F 2E 2J 2K 2T	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the i	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des 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	
	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	Fiduciary Correction	10a	X			1710	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X			
C	C Was the plan covered by a fidelity bond?			10c	X			5000	
d	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					Χ			
h	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i					

Form 5500-SF (2018)	Page 3- 1

Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 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 se ERISA?		f	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, granting the waiver	and enter Da		of the letter ruling Year
lf y	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	s 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 under control of the PBGC?	he		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)