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**

	rt identification information											
For calendar plan year 2018 or	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018							
A This return/report is for: 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 one-participant plan	, ,,	,									
B This return/report is	This return/report is the first return/report the final return/report											
	an amended return/report	a short plar	year return	/report (less than 12 m	onths)							
C Check box if filing under:	X Form 5558	automatic	extension		DFVC p	rogram						
	special extension (enter desci	ription)										
Part II Basic Plan Inf	formation—enter all requested in	formation										
1a Name of plan					1b Thre	e-digit						
HAIKU DECK 401(K) PLAN					plan	number	004					
					(PN)	tive date of	001 f plan					
							1/2016					
	oloyer, if for a single-employer plan) from, apt., suite no. and street, or P.C) Box)			-	-	fication Number					
	nce, country, and ZIP or foreign post		n, see instru	uctions)	(EIN)		441336					
HAIKU DECK, INC.	, ,,	, ,	•	,	2c Spor	nsor's telep 206-651	hone number -5322					
					2d Busir	ness code (see instructions)					
999 3RD. AVE SUITE 700					511210							
SEATTLE, WA 98104												
3a Plan administrator's name	and address V Same as Plan Sno.	neor			3b Administrator's EIN							
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.					7 Administrator 5 Env							
					3c Administrator's telephone number							
	the plan sponsor or the plan name ha				4b EIN							
this plan, enter the plan sp a Sponsor's name	ponsor's name, EIN, the plan name a	and the plan nun	nber from th	e last return/report.	4d PN							
C Plan Name					40 110							
5a Total number of participan	its at the beginning of the plan year				5a		4					
	its at the end of the plan year				5b		1					
	th account balances as of the end of				5c		1					
d(1) Total number of active p	participants at the beginning of the pl	lan year			. 5d(1) 3							
• •	participants at the end of the plan year				5d(2)		1					
than 100% vested	ho terminated employment during the				5e		0					
	e or incomplete filing of this return											
	other penalties set forth in the instruction and signed by an enrolled actuary, amplete.											
	ed/valid electronic signature.	08/01/2	019	ADAM TRATT								
HERE Signature of plan	administrator	Date		Enter name of individ	ual signing	as plan adr	ninistrator					
SIGN												
HERE Signature of employer/plan sponsor Date Enter name of indi						ividual signing as employer or plan sponsor						

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)									
С	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined See instructions.)		
Pa	rt III Financial Information	•			-					
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	Year		
<u>a</u>	Total plan assets	7a		74071				38190		
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		74071				38190		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Tot	al		
a	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		40970						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		-6637						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						34333		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		69661						
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		553						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g)				70214				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	line 8h from line 8c)						-35881		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2J $$ 2F $$ 2G $$ 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Am	nount		
а	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	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
c	Was the plan covered by a fidelity bond?			10c	X			100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g				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 the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

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Part	VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a								
12	:	Y	es 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	d enter t Day		of the lette Year _	r ruling					
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					
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0					
	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?										
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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)					

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 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

		Complete all entries in a	iccordance with the mist	ructions to the Form 5	300-3F.					
Part I	Annual Repor	t Identification Information								
For calenda	ar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/3	31/2018				
A This ret	urn/report is for:	X a single-employer plan	<u></u>			king this box must attach a vith the form instructions.)				
		a one-participant plan	a foreign plan	n						
B This retu	ırn/report is									
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri								
Part II	Basic Plan Inf	ormation—enter all requested info	ormation							
1a Name HAIK	of plan U DECK 401(K) PLAN			1b Thre plan (PN)	number				
						tive date of plan				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	. Box)			Employer Identification Number (EIN) 27-3441336				
City or	town, state or provin	ce, country, and ZIP or foreign posta		tructions)	_ ` ,	nsor's telephone number				
HAIK	U DECK, INC.				206-651-5322					
999	3rd. Ave				2d Business code (see instructions)					
Suit	e 700									
Seat	tle	WA 9810	4		511	210				
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.						nistrator's EIN				
					3c Admi	inistrator's telephone number				
					, tanimienater e terepriene names					
		ne plan sponsor or the plan name ha			4b EIN					
this pl		onsor's name, EIN, the plan name a	nd the plan number from t	the last return/report.	4d PN					
C Plan N										
5a Total r	number of participant	s at the beginning of the plan year			. 5a	4				
		s at the end of the plan year			. 5b	1				
		account balances as of the end of t			5c	1				
d(1) Tota	al number of active p	articipants at the beginning of the pla	an year		5d(1)	3				
d(2) Tota	al number of active p	articipants at the end of the plan yea	ar		5d(2)	1				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						C				
		or incomplete filing of this return								
SB or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, a polete								
SIGN		QAA .	08/01/2019	Adam Tratt						
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing	as plan administrator				
SIGN	<u> </u>				<u> </u>	,				

Date

Signature of employer/plan sponsor
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

HERE

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Enter name of individual signing as employer or plan sponsor

	Manager H. & Albert and State of the State o	14-0	(O in -tm ti)					₩.	∕es
_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							ΧУ	res 🔲 No
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X	res No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not o	determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See ins	structions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Vear			(h) En	d of Year	
	Total plan assets	7a	(a) Deginning (74,			(b) Lin	a or rear	38,190
	Total plan liabilities	7b		,					<u> </u>
	Net plan assets (subtract line 7b from line 7a)	7c		74,	071				38,19
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amoun				(h)	Total	,
	Contributions received or receivable from:		(a) Amoun				(5)	Total	
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)		40,	970				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b		-6,	637				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							34,33
d	Benefits paid (including direct rollovers and insurance premiums	١		69,	661				
	to provide benefits)	8d		0,	001				
	Certain deemed and/or corrective distributions (see instructions)	8e			553				
	Administrative service providers (salaries, fees, commissions)	8f			333				
<u>g</u>	Other expenses	8g							70 01
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							70,21
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i							-35,88
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	feature co	odes from the List of Plants	an Cha	racteri	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Pla	n Chara	cteris	tic Cod	es in the inst	ructions:	
~	in the plan provided wonder solitoner, onto the applicable wonder is			ii Onare	2010110	000		ractionio.	
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 contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	•	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest					3.7			
	reported on line 10a.)	•		10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				100,000
d						Х			
	by fraud or dishonesty?			10d		21			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some								
	the plan? (See instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period?			. 79		v			
	2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the			10i					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		IUI	<u> </u>				

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VI Pension Funding Compliance								
					В		Yes	S No
Enter the unpaid minimum required contributions for all	years from Schedule SB (Fe	orm 5500) line 4	0	11a				
ERISA?			e Code or sectio	n 302 of			Yes	X No
· · · · · · · · · · · · · · · · · · ·		is plan voar soo	instructions and	d antar t	ho dato	of the I	attar ri	ıling
								y
you completed line 12a, complete lines 3, 9, and 10 o	f Schedule MB (Form 5500), and skip to li	ne 13.					
Enter the minimum required contribution for this plan yea	ar			12b				
Enter the amount contributed by the employer to the plan	n for this plan year			12c				
		-		12d				
Will the minimum funding amount reported on line 12d	pe met by the funding deadli	ne?			Yes	No)	N/A
VII Plan Terminations and Transfers of A	ssets							
Has a resolution to terminate the plan been adopted in any	plan year?				Yes	Х	No	
If "Yes," enter the amount of any plan assets that revert	ed 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?						Yes	s X I	No
If, during this plan year, any assets or liabilities were trawhich assets or liabilities were transferred.	ansferred from this plan to ar	nother plan(s), id	entify the plan(s)) to				
3c(1) Name of plan(s):			13c(2)	EIN(s)		13	3c(3) F	N(s)
	Is this a defined benefit plan subject to minimum funding (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all Is this a defined contribution plan subject to the minimum ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and If a waiver of the minimum funding standard for a prior y granting the waiver. (You completed line 12a, complete lines 3, 9, and 10 of Enter the minimum required contribution for this plan year Subtract the amount contributed by the employer to the plan Subtract the amount in line 12c from the amount in line negative amount) Will the minimum funding amount reported on line 12d liver a resolution to terminate the plan been adopted in any If "Yes," enter the amount of any plan assets that revert Were all the plan assets distributed to participants or be control of the PBGC? If, during this plan year, any assets or liabilities were tray which assets or liabilities were transferred.	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," se (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Follows and Selection of Se	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to life the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or be control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred.	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S (Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Subtract the amount contributed by the employer to the plan for this plan year 12b