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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	uance with	i the instructions to the Form 550	U-3F.			
Pá	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 10/01/201	1	and ending (09/30/20	012		
Α .	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В .	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter description	n)			_		
Pa	art II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			1b	Three-digit		
KDW	, P.S. 401(K) RETIREMENT SAVINGS PLAN				plan number		
					(PN) •	. 001	
				10	Effective date of 10/01/	•	
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif		ber
KDW	/, P.S.			((EIN) 91-122	25921	
				2c :	Sponsor's teleph		r
	2 5TH AVE. NE				206-547		
STE. SEAT	102 ITLE, WA 98125			2a I	Business code (: 54131		ons)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	2")	3b /	Administrator's E		
KDW	, P.S. 10202 5TH A		• •		91-12	25921	
	STE. 102 SEATTLE, W	A 98125		3c /	Administrator's t		mber
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b		-1340	
•	name, EIN, and the plan number from the last return/report.	report med for the plant, enter the	76	LIIV			
_a	Sponsor's name		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a			4
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the participants item)			5c			
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		'	PA)			_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,			X Yes	No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.			
	rt III Financial Information						
7	Plan Assets and Liabilities	_	(a) Beginning of Year 1500896		(b) End	of Year	0
a	Total plan assets		100000				
b	Total plan liabilities	7b	1500896				0
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 7c			(b) T	otol .	
а	Contributions received or receivable from:		(a) Amount		(b) T	Olai	
_	(1) Employers	8a(1)	45638				
	(2) Participants	8a(2)	89391				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	138578				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				27360)7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1761951				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	8f	11178				
g	Other expenses	. 8g	1374				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				177450)3
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-150089	96
j	Transfers to (from) the plan (see instructions)	8j					

Form	5500.	SF.	201

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

art	·						
10	During the plan year:		Yes	No	P	Mount	
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)	10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	104		.,			
	on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				200000
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 other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ			
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		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	10ii					
art							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nlete	Schod	lula SR	(Form		
• •	5500))	•			•	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	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 instruc						
.,	granting the waiver			Day .		'ear	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
	Enter the minimum required contribution for this plan year		⊢				
	Enter the amount contributed by the employer to the plan for this plan year			12c			
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	'es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol		X 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.)	ne plai	n(s) to			_	
1	13c(1) Name of plan(s):			c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					le, a Sche	edule

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.	04/29/2013	KEVIN BOERCKER
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

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Short Form Annual Return/Report of Small Employee **Benefit Plan**

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	divide Annual Report Identification Information	ordance v	nui the instruc	tions to the Form 550	00-SF			
_Fc	or calendar plan year 2011 or fiscal plan year beginning	10/01,	/2011	and ending		09/30/20	1.0	
A	This return/report is for:	a multi	ole-employer pl	an (not multiemployer)		П		
B	This return/report is:	-	l return/report	an (not multiemployer)		a one-partici	pant plan	
	an amended return/report	MANUAL PROPERTY.						
C	Check box if filing under: Form 5558			report (less than 12 m	onths	Breggers .		
	- H	- Louis	tic extension			DFVC progra	am	
P	special extension (enter descript							
and the same of th	art II Basic Plan Information—enter all requested information	mation						
	KDW, P.S. 401(K) RETIREMENT SAVINGS PLA				1b	Three-digit		
	TOTAL TOTAL RETIREMENT SAVINGS PLA	.N				plan number (PN) ▶	0.01	
					10		001	
20	1c Effective date of plan 10/01/2007							
28	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) KDW, P.S. 2b Employer Identification Number							
1011, 1.0.						(EIN) 91-122	5921	
			2c	Sponsor's telep	hone number			
	10202 5TH AVE. NE STE. 102			(206) 547-	1940			
	SEATTLE		T-77	00105	2d	Business code (see instructions)	
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "San	ne")	98125	3h	541310	-15.	
	SAME (** Same)					Administrator's E	=IN	
			3c	Administrator's t	elephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for the								
	ine last return/report.	iasi returi	rreport liled for	this plan, enter the	4b	EIN		
Name and Address of the Owner, where	Sponsor's name				4c	PN		
oa	Total number of participants at the beginning of the plan year				5a		47	
D	lotal number of participants at the end of the plan year		·····		5b		0	
C	Number of participants with account balances as of the end of the	nlan year	dofined hones	t	OD		U	
THE REAL PROPERTY.	complete the item)				5c		0	
b	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructio	ns.)			X Yes No	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either 50 or 55, the selection of th	and condi	ione \				— — — — — — — — — — — — — — — — — — —	
D -	in you answered two to either da or ob, the plan cannot use F	orm 5500	-SF and must i	nstead use Form 550	o		X Yes No	
-	rem r maneral information							
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End o	of Year	
	Total plan assets	. 7a		1,500,896	6		0	
	Total plan liabilities	7b	-					
	Net plan assets (subtract line 7b from line 7a)	7c		1,500,896	5		0	
8 a	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal	
a	Contributions received or receivable from: (1) Employers	0-(4)		4F C2C				
	(2) Participants	8a(1)		45,638				
	(3) Others (including rollovers)			89,391	-			
b	Other income (loss)	8a(3)		120 550				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		138,578				
d	Benefits paid (including direct rollovers and insurance premiums	8c			-		273,607	
	to provide benefits)	8d		1,761,951				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f		11,178				
g	Other expenses	8g		1,374				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,774,503	
!	Net income (loss) (subtract line 8h from line 8c)	8i				400-400-400-400-400-400-400-400-400-400	(1,500,896)	
	Transfers to (from) the plan (see instructions)	٥.					. , - = = , = = = ,	

Form	5500-	SE	201	

Signature of employer/plan sponsor

P	a	a	e	2	_

-	7 CHI 0000 OF 2011	Page 2	-							
Par	t IV Plan Characteristics									
9a										
b	·									
Part	V Compliance Questions									
10	During the plan year:				-	Yes	No	T		
а	a 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 DOI's Voluntory Fiducions Correction B.									
b	on line 10a.)									
С	Was the plan covered by a fidelity bond?				10b	Х	-			200 00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity band, that was		-l l¢		Λ	Х		MINISTRAL STATE OF THE STATE OF	200,00
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	er persons by an insu	rance o	carrier,	10d		X			
f	Has the plan failed to provide any benefit when due under the plan	1?					Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as				10f					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructions and	20 CED		10g		X			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or o	no of th		10h		Λ			
Part '	/I Pension Funding Compliance				10i					
11	ls this a defined benefit plan subject to minimum funding requireme	ents? (If "Yes." see ins	struction	as and com	nlete S	Schod	ulo SE	(Earm		
Maria Control of the									П ү	′es No
	Is this a defined contribution plan subject to the minimum funding r	requirements of section	n 412 c	of the Code	or sec	tion 3	02 of	ERISA?	🛮 Y	′es 🏻 No
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica If a waiver of the minimum funding standard for a prior year is being granting the waiver	a amostined in this	n year,	see instruc	tions,	and e	nter th	e date o	f the letter	r ruling
	granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule				h		Day _.		Year_	
b	Enter the minimum required contribution for this plan year			to line 10.			12b			
C	enter the amount contributed by the employer to the plan for this planter	an vear				· -	12c			
u .	Subtract the amount in line 12c from the amount in line 12b. Enter to separative amount)	he result (enter a min	us sian	to the 1-44 -	r		12d		Market Control of Control of Control	
e \	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?				- L		Yes	П No	N/A
Part \	II Plan Terminations and Transfers of Assets							1.00	11 110	II IVA
13a	las a resolution to terminate the plan been adopted in any plan year?			***************************************	***************************************	T	ХУ	es	No	
	f "Yes," enter the amount of any plan assets that reverted to the em	ployer this year			13	a			NO	
b \	Vere all the plan assets distributed to participants or beneficiaries, to the PBGC?	transferred to another	plan, o	r brought u	nder th	ne cor	ntrol		X Ye	П м
C	f during this plan year, any assets or liabilities were transferred fror which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s)	, identify the	e plan(s) to	••••		X Ye	es [No
13	c(1) Name of plan(s):					13c	(2) EIN	J(s)	130	(3) PN(e)
	13c(2) EIN(s) 13c(3) PN(s)									
Cautio	n: A penalty for the late or incomplete filing of this return/repo	rt will he assessed i	ınloccı	rossonable			-4-1-1			
SB or S	penalties of perjury and other penalties set forth in the instructions, inchedule MB completed and signed by an enrolled actuary, as well to true, correct, and complete.	full along the contract of the		2 2 2					able, a S	chedule ge and
SIGN	Stephen R Boie	4/25/13	СШБР	TUNE -	0.7.7					
HERE	Signature of plan administrator	1 / - / -	COLUMN TO THE OWN	HEN R B	-	-				
SIGN	Stephen R. Boie	Date 4/25/13		name of ind		signi	ng as	plan adm	ninistrator	
HERE	Signature of employer/plan sponsor	4/25/13	O LEPH	HEN R B	OTE					

Date

Enter name of individual signing as employer or plan sponsor