Form 5500	Annual Return/Report of Employee Benefit Plan		OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service							
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	2012					
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection					
Part I Annual Report Ider	tification Information						
For calendar plan year 2012 or fiscal		2012					
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or						
	a single-employer plan; a DFE (specify)						
B This return/report is:	the first return/report; the final return/report;						
	an amended return/report; a short plan year return/report (less the second seco	than 12 months).					
C . If the plan is a collectively-bargain	ed plan, check here.						
D Check box if filing under:	Form 5558; automatic extension;	_	[,] ∐ e DFVC program;				
	special extension (enter description)						
Part II Basic Plan Inform	nation—enter all requested information						
1a Name of plan CCD ENTERPRISES, INC. 401K PLA	·	1b	Three-digit plan number (PN) ▶	001			
	11 ¥	1c	Effective date of pla	an			
2a Plan sponsor's name and addres	s; include room or suite number (employer, if for a single-employer plan)	2b	Employer Identifica Number (EIN) 91-0134477	ition			
		2c	Sponsor's telephon number 206-361-6366				
11630 SLATER AVENUE NE SUITE 5 KIRKLAND, WA 98034	11630 SLATER AVENUE NE SUITE 5 KIRKLAND, WA 98034	2d	Business code (see instructions) 531310	Э			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.	06/05/2013	DAVID WOERTENDY	KE				
HERE	Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator				
SIGN HERE	Filed with authorized/valid electronic signature.	06/05/2013	DAVID WOERTENDY	KE				
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor				
SIGN HERE								
	Signature of DFE	Date	Enter name of individu	ual signing as DFE				
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone num (optional)								
For Pap	For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2012)							

3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Ad	ministrator's EIN			
			-0134477			
C	CD ENTERPRISES, INC.		ministrator's telephone			
	630 SLATER AVENUE NE JITE 5	nu	number 206-361-6366			
	RKLAND, WA 98034		200 301 0300			
_		41				
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	4b EI	N			
а	Sponsor's name	4c PN	1			
5	Teleforensk an efter entrie en die de eine in die eine entrie eine entrie eine eine eine eine eine eine eine e		[
5	Total number of participants at the beginning of the plan year	5	7			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).					
а	Active participants	. 6a	4			
Ŀ		Ch.				
b	Retired or separated participants receiving benefits	6b	0			
С	Other retired or separated participants entitled to future benefits	. 6c	4			
d	Subtotal. Add lines 6a , 6b , and 6c	6d	8			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	0			
f	Total. Add lines 6d and 6e	6f	8			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	8			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	. 6h	0			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)					
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Page 2

Form 5500 (2012)

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a	Plan fur	nding	arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)							
	(1)		Insurance		(1)		Insurance				
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts				
	(3)	X	Trust		(3)	Х	Trust				
	(4)		General assets of the sponsor		(4)		General assets of the sponsor				
10	Check a	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	d, and, wh	ner	re indicated, enter the number attached. (See instructions)				
a Pension Schedules				b General Schedules							
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)				
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)				
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)				
			actuary		(4)		C (Service Provider Information)				
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)				
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)				

SCHEDULE I (Form S500) Description This schedule is rouized to be lifed under socie 104 of the Employee Betterment Hore Society Adv 1124 (ERSA), and exchero 5058() of the Intermed Revenue Code (the Code). 2012 The revenue Code (the Code). This schedule is rouized to be lifed under society 104 of 104 (ERSA), and exchero 5058() of the Intermed Revenue Code (the Code). This Form is Open to Public Inspection To calender glave 2012 of Ende play were beginning 0101/2012 and ending 12312012 A Namo of plan Enderson Society Adv 1124 (ERSA), and exchero 5058() of the Inspection 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employee Identification Number (EN) 91-0134477 Complex Schedule If the plan covered fever than 100 participants as of the beginning of the plan year. 001 Part I Small Plan Financial Information Interment formation control. The Revenue Schedule If the plan year. Combine the value of plan straig plan under the 50-120 participant as a dire plan that is been intruding any truticity or separately maintained fund() and any paymenta/neoceptics choice interment formation control. The control walue of assets and inabilities. 1 Part I Small Plan Financial Information 1 Part Assets and Liabilities: 1 1 Part Assets and Liabilit		SCHEDULE I	Financial In	form	ation_Sr	nall	Dlan			OMB No. 1210-0110		
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			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	. 4a		x	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance			X	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	. 4c		Х	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	. 4d		Х	
е	Was the plan covered by a fidelity bond?	. 4e	Х		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	. 4f		×	
g	Did the plan hold any assets whose current value was neither readily determinable on an establishe market nor set by an independent third party appraiser?			X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parce of real estate, or partnership/joint venture interest?	 4i		х	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	i, 4j		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	x		
L	Has the plan failed to provide any benefit when due under the plan?	41		Х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?		_		

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

Part III Trust Information (optional)

6b Trust's EIN

5b(2) EIN(s)

5b(3) PN(s)

6a Name of trust