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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

(PN) ▶ 001 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MKD CPAS, PLLC 2b Employer Identification Numb (EIN) 45-1070919 2c Sponsor's telephone number 206-624-7434 2d Business code (see instructio 541211 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address IKD CPAS, PLLC 1809 - SEVENTH AVENUE, SUITE 1300	plan year beginning 01/01/2012 and ending 12/31/2012 a single-employer plan	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for:	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report the final return/report description a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report (less than 12 months) a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report (less than 12 months) DFVC program DFVC	This return/report is for:	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report the final return/report description a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report (less than 12 months) a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report (less than 12 months) DFVC program DFVC	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report the final return/report description a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report (less than 12 months) a multiple-employer plan (not multiemployer) a one-participant plan be first return/report the final return/report (less than 12 months) DFVC program DFVC	Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 5500	-SF.		p		
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(See instructions.) 5 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.). 6 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.). 6 Are pounder 30 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). 6 Are possible of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MKD CPAS, PLLC 2b Engine (EIN) 45-1070919 2c Sponsor's telephone number 206-624-7434 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 1809 - SEVENTH AVENUE, SUITE 1300 SEATTLE, WA 98101 3b Administrator's EIN 45-1070919 3c Administrator's EIN 45-1070919 3c Administrator's ElPhone number 206-624-7434 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MKD CPAS, PLLC 2b Engine (EIN) 45-1070919 2c Sponsor's telephone number 206-624-7434 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 1809 - SEVENTH AVENUE, SUITE 1300 SEATTLE, WA 98101 3b Administrator's EIN 45-1070919 3c Administrator's EIN 45-1070919 3c Administrator's ElPhone number 206-624-7434 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MKD CPAS, PLLC 2b Engine (EIN) 45-1070919 2c Sponsor's telephone number 206-624-7434 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 1809 - SEVENTH AVENUE, SUITE 1300 SEATTLE, WA 98101 3b Administrator's EIN 45-1070919 3c Administrator's EIN 45-1070919 3c Administrator's ElPhone number 206-624-7434 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MKD CPAS, PLLC 2b Engine (EIN) 45-1070919 2c Sponsor's telephone number 206-624-7434 2d Business code (see instructions) 541211 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 1809 - SEVENTH AVENUE, SUITE 1300 SEATTLE, WA 98101 3b Administrator's EIN 45-1070919 3c Administrator's EIN 45-1070919 3c Administrator's ElPhone number 206-624-7434 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year					_	1c	()			
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complete this item)		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.)	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.)	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.)	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.)	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.)	compl	lete this item)								
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	ring the plan year invested in eligible assets? (See instructions.)		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	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	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	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								abla a Cabadula		
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SIGN Triled with authorized/valid electronic signature. U9/26/2013 TCHRISTOPHER DOWSING	ring the plan year invested in eligible assets? (See instructions.)	LEIGNI TEDEC WOO ACOOM/PER/VAIIO EJECTODIC SIGNADITE 1997/6/7013 TOTADISTODIALD DOWNSTAGE	SIGN Fried with authorized/valid electronic signature. 09/26/2013 CHRISTOPHER DOWSING	9.5	9.5	HERE										
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Form 5500-SF 2012 Page **2**

Pai	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	192368				(2) =::		285639	9	
	Total plan liabilities	7b)	
	Net plan assets (subtract line 7b from line 7a)	7c	192368	32				2	285639		
	Income, Expenses, and Transfers for this Plan Year			, <u>_</u>	-		(b)		20000	<u> </u>	
	Contributions received or receivable from:		(a) Amount				(D)	Total			
u	(1) Employers	8a(1)	5256	6							
	(2) Participants	8a(2)	4783	30							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	26272	24							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-	63120	<u> </u>	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	116	3					00120		
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
q	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							116	3	
	Net income (loss) (subtract line 8h from line 8c)	8i							36195		
	Transfers to (from) the plan (see instructions)							•	30193		
_		8j									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions): :		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instru	tions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
a				10a		Х		Alli	Junt		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
c	Was the plan covered by a fidelity bond?			10c	X					200	000
d	, ,			100						200	000
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	and)			X					
h		(See instru	uctions and 29 CFR	10g 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	ne require	d notice or one of the								
Dow		1-5		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	П	No
11a											
12					otion :	11a	EDICAS	ТГ	Yes	Y	No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U∠ Of	EKISA?.	· L	168	۸	INU
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		1 66			
		•				12b					
	b Enter the minimum required contribution for this plan year										

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	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 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 the of the PBGC?	control		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(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	