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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information							
For calend		iscal plan year beginning 01/01/2		2/31/2016					
A This re	turn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a						
B This ret	urn/report is	a one-participant plan the first return/report	a foreign plan the final return/report						
		an amended return/report	a short plan year return/report (less than 12 m	months)					
C Check	box if filing under:	Form 5558	automatic extension	DFVC program					
Dort II	Basia Blan Infa	special extension (enter descr	<u>' '</u>						
Part II		ormation—enter all requested in	formation	4h Thursday					
1a Name MKANS, LL0	of plan C 401(K) PROFIT SHA	ARING PLAN		1b Three-digit plan numbe (PN) ▶	r 002				
				1c Effective da	te of plan 1/01/2016				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		' '	entification Number 7-2579531				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MKANS, LLC			2c Sponsor's telephone number 425-941-7456						
				2d Business co	de (see instructions)				
5504 161ST REDMOND,				5	19100				
3a Plan a	dministrator's name a	nd address X Same as Plan Spor	nsor.	3b Administrate	or's EIN				
					or's telephone number				
name	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
	or's name			4c PN					
5a Total	number of participants	at the beginning of the plan year		5a	1:				
		• •		5b	1				
comp	lete this item)		the plan year (only defined contribution plans	5c	1				
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year	5d(1)	1				
d(2) Tot	tal number of active pa	articipants at the end of the plan yea	ar	5d(2)	1				
than	100% vested		e plan year with accrued benefits that were less	5e					
			n/report will be assessed unless reasonable ca						
SB or Sche		and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/reas well as the electronic version of this return/repo						
	I		07/00/0047	NUTO					

Filed with authorized/valid electronic signature. 07/20/2017 NAZARENO REGALBUTO

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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility) 	f an indepe	ndent qualified public a	account	ant (IC	(PA			X Yes	No No
If you answered "No" to either line 6a or line 6b, the plan car							•••••	⊔ · · · · ·	
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)?	[Yes	No	Not deterr	mined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	f Year	
a Total plan assets	7a		0					146647	
b Total plan liabilities	7b		0)				0	
C Net plan assets (subtract line 7b from line 7a)	7c		0)				146647	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
a Contributions received or receivable from:			2004						
(1) Employers			3471						
(2) Participants	` ` '		0						
(3) Others (including rollovers)	` ` '		141191						
b Other income (loss)								146666	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							140000	
to provide benefits)	8d		0						
e Certain deemed and/or corrective distributions (see instructions).	8e		0						
f Administrative service providers (salaries, fees, commissions)	8f		19						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19			
i Net income (loss) (subtract line 8h from line 8c)	8i				146647				
j Transfers to (from) the plan (see instructions)			C)					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ıctions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	st? (Do not	include transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c	X					20000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		Х				
${f f}$ Has the plan failed to provide any benefit when due under the p	lan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		Χ				
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 exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?								Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

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

2016

This Form is Open to **Public Inspection**

For calendar plan year 2016 o	r fignal plan waar baginning										
	X a single-employer plan	01/01/2016	and ending	12/31/2							
A	er plan (not multiemployer) g employer information in a										
A This return/report is for:	a one-participant plan	a foreign plan	ccordance with the	ioim instructions.)							
		_ a loreign plan									
B This return/report is	X the first return/report	the final return/report									
	an amended return/report	a short plan year r	a short plan year return/report (less than 12 months)								
C Check box if filing under:	☐ Form 5558	automatic extensi	ion	□ pp/o							
Cricok box it filling direct.	special extension (enter des		ion	DFVC program							
Port II Pagis Dian In											
Part II Basic Plan In 1a Name of plan	formation—enter all requested	mormation		1b Three-digit							
	Profit Sharing Plan			plan numbe	r						
				(PN) •	002						
				1c Effective da 01/01/2	•						
2a Plan sponsor's name (em	ployer, if for a single-employer plan)			entification Number						
Mailing address (include r	room, apt., suite no. and street, or P	P.O. Box)		(EIN) 47-							
City or town, state or prov MKANS, LLC	rince, country, and ZIP or foreign po	ostal code (if foreign, see	instructions)	2c Sponsor's to	•						
MKANS, LLC				(425) 94							
				1	de (see instructions)						
5504 161st Place NE	3			519100							
Redmond			WA 98052								
3a Plan administrator's name	e and address 🛭 Same as Plan Sp	oonsor.		3b Administrate	or's EIN						
4 If the name and/or EIN of											
	the plan sponsor has changed sinc	ce the last return/report fi	led for this plan, enter the	4b EIN							
	the plan sponsor has changed sind number from the last return/report.	ce the last return/report fi	led for this plan, enter the	4b EIN							
a Sponsor's name	number from the last return/report.			4c PN	-						
a Sponsor's name5a Total number of participa	number from the last return/report. Ints at the beginning of the plan yea	r		4c PN 5a							
a Sponsor's name5a Total number of participab Total number of participa	number from the last return/report. Into at the beginning of the plan year	r		4c PN 5a 5b							
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a Sponsor's name 5a Total number of participa b Total number of participa c Number of participants w complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the street of participants the street of participants the street of participants of the street of participants of perjury and SB or Schedule MB complete belief, it is true, correct, and considerable of participants of pa	number from the last return/report. Ints at the beginning of the plan year and at the end of the plan year into at the end of the plan year and at the end of the end of the plan year participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filing of this return and signed by an enrolled actuary omplete.	of the plan year (only definition plan year	d benefits that were less sed unless reasonable canave examined this return/recoversion of this return/reports and the return and the retur	4c PN 5a 5b 5c 5d(1) 5d(2) 5e eport, including, if a ert, and to the best of the dual signing as plandual signing as empty	15 11 12 15 15 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19						
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Form 5500-SF 2016	
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			_						
Part	VI	Pension Funding Compliance					_		
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)				В		Yes	⊠ No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_		
12	ERIS	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co pA?	de or s	section	1 302 of	f 	[Yes	⊠ No
а	lf a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver	ruction	is, and	enter t	the dat	e of the le	etter ru ar	ling
If	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
		the minimum required contribution for this plan year			12b				
	Enter	the amount contributed by the employer to the plan for this plan year			12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lettive amount)	ft of a		12d				
е	Will	he 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?				_ Ye	es X	No	
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug					Yes	X N	0
С	If, do	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)	y the	olan(s)) to				
	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13	c(3) PI	V(s)
Part	VIII	Trust Information							
		of trust			14b	Trust's	EIN		
14c	Name	e of trustee or custodian					e's or cus one num		s
Par	t IX	IRS Compliance Questions							
-		plan a 401(k) plan? If "No," skip b		Yes			☐ No		
15b	How 401(F	did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	11.1	safe i	n-base narbor ent year		☐ "Prio	or year"	ADP
168	Wha year	t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:	1	Ratio			Average benefit te	est [N/A
	for th	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			☐ No		
	If the	e plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS efter and the serial number	opinio						
171	b If the	e plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	e date	of the r	most re	cent dete	eminat	ion
18	Wer	ned Benefit Plan or Money Purchase Pension Plan Only: e any distributions made during the plan year to an employee who attained age 62 and had not sepa ce?		from	_ Ye	es	☐ No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	es	☐ No		

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