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 section 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Complete all entries in according to the complete all entries are according to the complete according to the complete according t	dance wit	h the instructions to the Form 5500)-SF.	1		
	art I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010		
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for: first return/report	final retur	n/report				
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description						
Da	rt II Basic Plan Information—enter all requested information	,					
	Name of plan	alion		1h	Three-digit		
	ON FINANCIAL 401(K) PLAN			10	plan number		
0.5.					(PN) ▶ 001		
				1c	Effective date of plan		
					08/01/2007		
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
SYDI	ON FINANCIAL, LLC			20	(EIN) 20-597/831 Plan sponsor's telephone number		
	0 8TH AVE SOUTH, SUITE 205			20	253-874-7920		
FEDE	ERAL WAY, WA 98003			2d	Business code (see instructions)		
					522292		
3a SYDI	Plan administrator's name and address (if same as Plan sponsor, e ON FINANCIAL, LLC 33400 8TH A	VE SOUT	H. SUITE 205	3b	Administrator's EIN 20-5977831		
	FEDERAL W	/AY, WA 9	8003	3c	Administrator's telephone number		
				253-874-7920			
	the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b EIN			
-	name, EIN, and the plan number from the last return/report. Sponso	or's name			PN		
5a	Total number of participants at the beginning of the plan year			-тс 5а	60		
b	Total number of participants at the end of the plan year			88			
C	Total number of participants at the end of the plan year		•	5b			
C	complete this item)	. , ,			27		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No		
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No		
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Information		I				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year 448478		
	Total plan assets	. 7a	320430	'	440470		
b	Total plan liabilities		326456		448478		
<u>_</u>	Net plan assets (subtract line 7b from line 7a)	7c		<u>'</u>			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)					
	(2) Participants	` '	86273				
	(3) Others (including rollovers)		204	04			
b	Other income (loss)		46845	45			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				133322		
d	Benefits paid (including direct rollovers and insurance premiums						
_	to provide benefits)	. 8d	11300				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			11300		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			122022		
i	Transfers to (from) the plan (see instructions)	8i					

2A 2E 2F 2G 2J 26 b If the plan provides welfare I art V Compliance Que D During the plan year: a Was there a failure to trans 29 CFR 2510.3-102? (See b Were there any nonexempt on line 10a.)	10 Page 2-						
a If the plan provides pension 2A 2E 2F 2G 2J 26 b If the plan provides welfare If the plan provides	· —						
If the plan provides pension 2A 2E 2F 2G 2J 26 If the plan provides welfare between 2B 2F 2G 2J 2F 2G 2F 2G 2G 2F 2G 2G 2F 2G	acteristics						
art V Compliance Que D During the plan year: a Was there a failure to trans 29 CFR 2510.3-102? (See b Were there any nonexempt on line 10a.)	nsion benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteris	stic Co	des in t	he instru	ctions:	
During the plan year: a Was there a failure to trans 29 CFR 2510.3-102? (See before there any nonexemption line 10a.)	elfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	aracteris	tic Cod	des in th	ne instruc	tions:	
a Was there a failure to trans 29 CFR 2510.3-102? (See b Were there any nonexempt on line 10a.)	Questions						
29 CFR 2510.3-102? (See b Were there any nonexempt on line 10a.)			Yes	No		Amount	
on line 10a.)	transmit to the plan any participant contributions within the time period described? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a	X				673
d Did the plan have a loss, w or dishonesty?	xempt transactions with any party-in-interest? (Do not include transactions reporte	10b		X			
or dishonesty? Were any fees or commissionsurance service or other constructions.) f Has the plan failed to provide the plan have any particular particular for the plan have any particular function for the plan function fu	d by a fidelity bond?	10c	X				45000
insurance service or other or instructions.) f Has the plan failed to provide g Did the plan have any particular by the plan	oss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau	10d		Х			
g Did the plan have any parti h If this is an individual accou 2520.101-3.) i If 10h was answered "Yes," exceptions to providing the art VI Pension Funding 1 Is this a defined benefit plan 5500))	nmissions paid to any brokers, agents, or other persons by an insurance carrier, other organization that provides some or all of the benefits under the plan? (See	10e		X			
h If this is an individual account 2520.101-3.)	provide any benefit when due under the plan?	10f		X			
i If 10h was answered "Yes," exceptions to providing the exceptions to providing the Pension Funding Is this a defined benefit plan 5500))	participant loans? (If "Yes," enter amount as of year end.)	10g		X			
exceptions to providing the Pension Funding Is this a defined benefit plar 5500))	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
1 Is this a defined benefit plan 5500))	"Yes," check the box if you either provided the required notice or one of the ng the notice applied under 29 CFR 2520.101-3	10i					
1 Is this a defined benefit plan 5500))	nding Compliance	•					
	fit plan subject to minimum funding requirements? (If "Yes," see instructions and c					Yes	No
/If \/ -t- 40 4	ribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ction 3	302 of E	RISA?	Yes	X No
(if Yes, complete 12a of 1	a or 12b, 12c, 12d, and 12e below, as applicable.)					_	
	mum funding standard for a prior year is being amortized in this plan year, see inst						
If you completed line 12a, co	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	1				
Enter the minimum required contribution for this plan year				12b 12c			
c Enter the amount contribute	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 left of a negative amount)						
e Will the minimum funding a	ding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A

13a Has a resolution to terminate the plan been adopted during the plan year or any prior 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 brought under the control of the PBGC?.....

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.) 13c(1) Name of plan(s): 13c(2) EIN(s)

Yes

Yes X No

13c(3) PN(s)

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, 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.	03/28/2011	PENSION PLANNERS NORTHWEST
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

Attachment to Form 5500-SF 2010 Form 5500-SF, Line 10a - Schedule of Delinquent Participant Contributions

Plan Name: Sydion Financial 401(k) Plan EIN: 20-5977831

PN: 001

	Total that Cons			
		orrected Outside		Total Fully Corrected
Participant Contribution			Contributions Pending	Under VFCP and PTE
Transferred Late to Plan	Date Corrected	Amount	Correction in VFCP	2002-51
673	7/12/2010	673		

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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 section 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning	01/01/	2010	and ending		12/31/2010)		
Α	This return/report is for: X single-employer plan	multiple-e	mployer plan	(not multiemployer)		one-participa	int plan		
В	This return/report is for: first return/report	final retur	n/report		_				
	an amended return/report	short plar	year return/	report (less than 12 m	nonths)				
C	Check box if filing under: Form 5558	automatic	extension	• `	,	DFVC progra	am		
J	special extension (enter description				••••				
D	Irt II Basic Plan Information—enter all requested informa	,							
	Name of plan	ation			1h	Three-digit			
ıa	SYDION FINANCIAL 401(K) PLAN				15	plan number			
	SIBION I IMMORIAL TOTAL					(PN) •	001		
					1c	Effective date o	f plan		
						08/01/200			
2a	Plan sponsor's name and address (employer, if for single-employer SYDION FINANCIAL, LLC	plan)			2b	Employer Identi (EIN) 20-597			
	DIDION I IMMOIME, EDG				20		telephone number		
	33400 8TH AVE SOUTH, SUITE 205					253-874-7			
	FEDERAL WAY WA 98003				2d		(see instructions)		
20			"\		26	522292 Administrator's	EINI		
Зa	Plan administrator's name and address (if same as Plan sponsor, er SYDION FINANCIAL, ${\rm LLC}$	iter Same))		30	20-597783			
	33400 8TH AVE SOUTH, SUITE 205				3с	Administrator's	telephone number		
	FEDERAL WAY WA 98003					253-874-7	920		
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for	this plan, enter the	4b	EIN			
	iame, Em, and the plan humber from the last return/report. Sponsor	Shame			4c	4c PN			
5a	Total number of participants at the beginning of the plan year				5a		6(
b	Total number of participants at the end of the plan year					88			
С	Total number of participants with account balances as of the end of				0.0				
	complete this item)		,	•	5c		27		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instruct	ions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a						☑ Vaa □ Na		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Information	7111 3300-	or and mus	i ilisteau use i oilii t	5500.				
7	Plan Assets and Liabilities		(a) F	Beginning of Year		(b) End	of Year		
	Total plan assets	7a	(α) :	3264	56	(b) Liid	448478		
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		3264	56		448478		
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from:			(u) Amount		()	· Otal		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		862	273				
	(3) Others (including rollovers)	8a(3)	20			04			
b	Other income (loss)	8b	46845						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					133322		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		113	00				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11300		
i	Net income (loss) (subtract line 8h from line 8c)	8i					122022		
	Transfers to (from) the plan (see instructions)	Ωi							

Part	IV	Plan Characteristics								
9a	lf the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	2A 2E 2F 2G 2J 2K 2T 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
	.,									
Part		Compliance Questions				Yes				
10							No	А	nount	
a	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	ry Correction Progra	am)	10a	X				673
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		Х			
C	Wa	s the plan covered by a fidelity bond?			10c	X				45000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		Х			
е	insu	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of thructions.)	e benefits under the	e plan? (See	10e		Х			
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.)		10g		Х			
•	If th	is is an individual account plan, was there a blackout period? (Sec 0.101-3.)	e instructions and 2	9 CFR	10h		Х			
i	If 10	th was answered "Yes," check the box if you either provided the reprise to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i					
Part	VI	Pension Funding Compliance						·		
	Is th	is a defined benefit plan subject to minimum funding requirements							Yes	□ No
12		nis a defined contribution plan subject to the minimum funding req							Yes	X No
12		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1412 of the code	01 30	CHOIT	002 01	LINION:		
а		waiver of the minimum funding standard for a prior year is being a		n vear see instruc	tions	and e	nter th	ne date of the	letter rul	ina
-		iting the waiver.								
If y		completed line 12a, complete lines 3, 9, and 10 of Schedule MI								
b	b Enter the minimum required contribution for this plan year						12b			
С	c Enter the amount contributed by the employer to the plan for this plan year					[12c			
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left o	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?				1	Yes	X No
		es," enter the amount of any plan assets that reverted to the empl					13a			
	of th	e all the plan assets distributed to participants or beneficiaries, tra ne PBGC?							Yes	X No
С	If du whic	ring this plan year, any assets or liabilities were transferred from l ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to				
1	3c(1)	Name of plan(s):			13c(2) EIN(s) 13c(3			13c(3)	PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	lished.		
Under SB or	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, 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			3.25.11	Spencer Ric	char	dso	1			
HERE	- 10	Signature of plan administrator	Date	Enter name of in	dividu	ıal sigi	ning a	s plan admini	strator	
Cia		- Francisco				5.9	3 4			
SIGN	-	Signature of employer/plan sponsor	Date	Enter name of in	dividu	ıal sigi	ning a	s employer or	plan spo	nsor

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