## 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).

2010

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	1	and ending 0	4/30/2	2011			
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant 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 mor	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation						
1a	Name of plan				1b	Three-digit			
SYDI	ON FINANCIAL, LLC 401(K) PL	_AN				plan number	001		
					10	(PN) FEffective date of	of plan		
					10	08/01/2			
		ess (employer, if for single-employer	plan)		2b	00 505	ification Number		
SYDI	ON FINANCIAL, LLC				2c	(LIIV)	telephone number		
	3400 8TH AVE SOUTH, SUITE 205				20	253-87	'4-7920		
FEDE	ERAL WAY, WA 98003				2d		(see instructions)		
32	Dlan administrator's name and	address (if some as Plan ananon a	ntor "Come	,n\	2h	522292 Administrator's			
SYDI	ON FINANCIAL, LLC		AVE SOUT	H, SUITE 205	30	20-597			
		FEDERAL W	/AY, WA 9	8003	3с	Administrator's	telephone number 4-7920		
4 1	the name and/or EIN of the pla	in sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
ı	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		10	PN			
	Total number of participants at	the heginning of the plan year			5a	FIN	88		
	<ul><li>Total number of participants at the beginning of the plan year</li><li>Total number of participants at the end of the plan year</li></ul>				5b				
		th account balances as of the end of			ac		0		
	·			•	5c		0		
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQI			X Yes No		
				ons.)SF and must instead use Form 55			☐ Tes ☐ INC		
Pa	rt III Financial Informa		01111 3300-	or and must mstead use rorm 55	<del>.</del>				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) Enc	l of Year		
· a	Total plan assets		. 7a	448478					
-									
		'b from line 7a)	. 7c	448478	3		0		
8	Income, Expenses, and Transf	•		(a) Amount	(b) Total				
а	Contributions received or recei			, ,					
	(1) Employers		. 8a(1)		_				
	(2) Participants		. 8a(2)		_				
	(3) Others (including rollovers)	)	. 8a(3)	10710	_				
b	Other income (loss)		. 8b	16740	)				
C		8a(2), 8a(3), and 8b)	. 8c				16740		
d		rollovers and insurance premiums	. 8d	465014	1				
е		ive distributions (see instructions)	. 8e						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	204	1				
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h				465218		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-448478		
i	Transfers to (from) the plan (se	ee instructions)	. 8i						

	Form 5500-SF 2010 Page <b>2-</b>				
ar	t IV Plan Characteristics				
1	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characaster 2A 2E 2F 2G 2J 2K 2T 3B 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characaster 2B				
ırt	V Compliance Questions				
)	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		45000
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	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			
rt	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
2	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 🖺 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 instructions granting the waiver				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			- ,	
b	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12d	

## Part VII | Plan Terminations and Transfers of Assets

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

Yes No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

O

No. If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

O

No

X Yes No

Yes

N/A

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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) 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 HERE	Filed with authorized/valid electronic signature.	05/02/2011	PENSION PLANNERS NORTHWEST
	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

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).

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

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OMB Nos. 1210-0110 1210-0089

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/	2011 and ending		04/30/2011
A	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	X final retur	n/report		_
		□ ☑ short plar	n year return/report (less than 12 mor	nths)	
<u> </u>	Check box if filing under: Form 5558	=	extension	,	DFVC program
C			CATCHSION		Br vo program
_	special extension (enter descrip				
	art II Basic Plan Information—enter all requested infor	mation			
1a	Name of plan			16	Three-digit plan number
	SYDION FINANCIAL, LLC 401(k) PLAN				(PN) ▶ 001
				1c	Effective date of plan
					08/01/2007
2a	Plan sponsor's name and address (employer, if for single-employ	er plan)		2b	Employer Identification Number
	SYDION FINANCIAL, LLC			•	(EIN) 20-5977831
	33400 8TH AVE SOUTH, SUITE 205			2C	Plan sponsor's telephone number 253-874-7920
				2d	Business code (see instructions)
	FEDERAL WAY WA 98003				522292
3a	Plan administrator's name and address (if same as Plan sponsor, ${\tt SYDION}$ FINANCIAL, ${\tt LLC}$	enter "Same	e")	3b	Administrator's EIN
				<b>0</b> -	20-5977831
	33400 8TH AVE SOUTH, SUITE 205 FEDERAL WAY WA 98003			3C	Administrator's telephone number 253-874-7920
4	f the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4b	
	name, EIN, and the plan number from the last return/report. Spon		, ,		
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	88
b	Total number of participants at the end of the plan year			5b	(
С	Total number of participants with account balances as of the end			<b>-</b> -	
	complete this item)			5c	
	Were all of the plan's assets during the plan year invested in elig	•	,		X Yes  No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	44847	8	(
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7с	44847	8	(
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	8a(2)		_	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	1674	0	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			16740
d	Benefits paid (including direct rollovers and insurance premiums	١	4.65.01	4	
_	to provide benefits)		46501	4	
e	Certain deemed and/or corrective distributions (see instructions)		22	4	
f	Administrative service providers (salaries, fees, commissions)		20	4	
g	Other expenses				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				465218
į	Net income (loss) (subtract line 8h from line 8c)				-448478
j	Transfers to (from) the plan (see instructions)	8j			

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1 01111	2000-	21	201	u

100	_	
Dana		
Page	∠-	

Part IV	Plan Characteristi	ice
I GILIV	Figure Characterist	

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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:

Par	t V	Compliance Questions					-					
10		ring the plan year:				T.,	T	Τ				
а	Wa	as there a failure to transmit to the plan any participant contribution of CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduci	ons within the time prize Correction Pro-	period described in	10a	Yes	No		Ar	nount		Mar.
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported											-
С		as the plan covered by a fidelity bond?			10b	Х					15	200
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										45	
е	e 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.)						х					
f		s the plan failed to provide any benefit when due under the plan?			10f		х					
g	Did	the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		Х					
h	If th 252	nis is an individual account plan, was there a blackout period? (Se 20.101-3.)	ee instructions and	29 CFR	10h		Х					
i	If 1	Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	one of the	10i							
Part	VI	Pension Funding Compliance										
11	Is th	nis a defined benefit plan subject to minimum funding requiremen	nts? (If "Yes," see in	structions and com	plete S	Sched	ule SB	(Form		1		39
12	ls t	0))his a defined contribution plan subject to the minimum funding re		412 - 64 - 6 - 1					-	Yes		No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab		on 412 of the Code	or sec	ction 3	02 of E	ERISA?	٠ ل	Yes	X	No
а	lf a	waiver of the minimum funding standard for a prior year is being	ole.)	an yoar soo instrue	tions	and a	ntar th					
	gran	nting the waiver.	pii	Mont	h	and e	Dav	e date of	Ye	eller ru ar	iing	
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form 5500), ar	nd skip to line 13.	160 <del>18</del>		-		0 00000			-
b	Ente	er the minimum required contribution for this plan year				[	12b					
C	Ente	er the amount contributed by the employer to the plan for this plan	n year			🗌	12c		1878			
d	Sub neg	tract the amount in line 12c from the amount in line 12b. Enter the amount)	e result (enter a mir	nus sign to the left o	of a	[	12d					
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?.					Yes		No [	N	Α
Part	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan y	year or any prior ye	ar?					Х	Yes	П	Vo
	If "Y	es," enter the amount of any plan assets that reverted to the emp	oloyer this year				13a					0
	Wer of th	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?	ansferred to anothe	r plan, or brought u	nder t	he cor	ntrol		×	Yes	0 '	No.
	If du whic	ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	this plan to another	r plan(s), identify the	e plan	(s) to			16			
1	3c(1)	Name of plan(s):			13c(2) EIN(s) 1:				13c(3) PN(s)			
												-
							- 900					
Cauti	on: A	penalty for the late or/incomplete filing of this return/report	t will be assessed	unless reasonable	caus	e is e	stablis	shed.				_
Under SB or	pen Sche	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retur	n/renc	ort inc	ludina	if applic	able, knov	a Sche vledge	edule and	
SIGN			4.22.2011	Spencer Ric	hard	lson				- A 188 <del>80</del>		
HERE		Signature of plan administrator	Date	Enter name of ind	lividua	l siani	ng as i	nlan adm	ninistr	ator		$\dashv$
SIGN						sigill	.,y a3	Jan aum	II SU	utor .		
HERE	5	ignature of employer/plan sponsor	Date	Enter name of ind	lividua	l signi	ng as e	employer	r or pl	an spo	nsor	