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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or fi	iscal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan	=	plan (not multiemployer)		a one-partici	oant plan
B This ret	turn/report is:	the first return/report	the final return/repor				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	ormation—enter all requested info	ormation				
1a Name	of plan	·			1b	Three-digit	
DIGIDEAL C	ORPORATION 401(K	() PLAN				plan number	
						(PN) •	001
					1c	Effective date o	•
20 Diam a					26	01/01	
DIGIDEAL C	ponsor's name and ad CORPORATION	ddress; include room or suite numbe	er (employer, it for a single	e-employer plan)	2 D	Employer Identi (EIN) 88-03	fication Number 92922
					20	Sponsor's telep	
5207 E TUIC	RD AVENUE				20	509-74	
	/ALLEY, WA 99212-0	725			2d	Business code	(see instructions)
						71320	` ,
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN
IGIDEAL CO	RPORATION	5207 E TH					392922
		SPOKANE	VALLEY, WA 99212		3с	Administrator's 509-747	telephone number
						509-74	-0007
4 If the r	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan enter the	4h	EIN	
		mber from the last return/report.	ne last return/report med	ioi tilis piari, criter trie	40	LIIN	
a Sponse	or's name	·			4c	PN	
5a Total r	number of participants	at the beginning of the plan year			5a		46
b Total r	number of participants	s at the end of the plan year			5b		42
C Numb	er of participants with	account balances as of the end of t	he plan year (defined ber	nefit plans do not			
			. , ,	•	5c		30
6a Were	all of the plan's asset	s during the plan year invested in el	ligible assets? (See instru	ctions.)			X Yes No
		of the annual examination and report					V vaa □ Na
		? (See instructions on waiver eligibi					X Yes No
•		either line 6a or line 6b, the plan c					
		or incomplete filing of this return					
		ther penalties set forth in the instruc and signed by an enrolled actuary, a					
	true, correct, and com				,	,	
	Filed with outborized	Audid alactronia aignotura	07/15/2013	TANIOE DANIOGACE			
SIGN HERE	riled with authorized/	/valid electronic signature.	07/15/2013	JANICE PANCOAST			
TILIXL	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
		name, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)
JODI CALH	OUN & HURLEY, INC.					509-838	3-5500
	RSIDE AVE, SUITE 1	1600					
SPOKANE,							

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7 Plan Assets and Labilities	Par	t III Financial Information										
a Total plan assets				(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan fiabilities. The plan passets (authorac line 75 from line 7a). 7c (a) 88340 (b) 833118 (b) 10 (c) 10			7a					() =			1	
C Net plan assets (substant line 7b from line 7a). 7c (883840) (833118) 8 Income, Expenses, and Transfers for his Plan Year (a) Amount (b) Total (c) Amount (b) Total (c) Amount (b) Total (c) Amount		·		29	94							
8 Income. Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (4) Septimental (including rollowers). (5) Participants. (6) Other income (loss). (6) Debri income (loss). (6) Debri income (loss). (7) Debri income (loss). (8) Debri income (loss). (9) Debri income (loss). (9) Debri income (loss). (10)		·										
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) Employers: (5) Other (including relievers). (5) Other (including relievers). (6) Other (including relievers). (7) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including direct relievers and insurance premiums to provide benefits; paid (including direct relievers and insurance premiums to provide benefits). (8) Other expenses. (9) Other expenses. (1) Other expenses. (1								(b)				
(2) Participants.		·		(a) runoant				(2)	Total			
(3) Others (including rollovers)		(1) Employers	8a(1)	886	3							
b Cther income (loss)		(2) Participants	8a(2)	6594	19							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 220816	b	Other income (loss)	8b	9568	32							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	70494	ļ	
f Administrative service providers (salaries, fees, commissions)		• • •	8d	22091	6							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e									
n Total expenses (add lines 8d. 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f									
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g	30	00							
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							22121	6	
Transfers to (from) the plan (see instructions) 8 Part IV Plan Characteristics			8i							-5072	2	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Ves No Amount		, , ,	8i									
9a	Par	t IV Plan Characteristics	<u> </u>	l								
Description Fig. 20		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	uctions):		
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f His is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). If 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. 10h It shis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 11a Sthis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes No (If "Yes," see instructions, and enter the date of the letter ruling granting the waiver	b		eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) f His is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). If 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. 10h It shis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 11a Sthis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? . Yes No (If "Yes," see instructions, and enter the date of the letter ruling granting the waiver	Dort	V Compliance Questions										
a 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		<u> </u>				Vac	Na	I				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a			tiono with:	n the time period described in	1	res	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		X					
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.)	C	Was the plan covered by a fidelity bond?			10c	X					125	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40	X						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		· · · · · · · · · · · · · · · · · · ·			ive						4	319
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h 		•		10h		X					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	·			10i							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem							<u>.</u>] [Yes	П	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a								<u> </u>			
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction		ERISA?.		Yes	X	No
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
	a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date of			ling	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
	b	Enter the minimum required contribution for this plan year					12b					

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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	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2012

Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19	74 (ERISA), and sec evenue Code (the Co	tions 6057(b) and 6058 ode).	titis Folin is Open to I done
Pension Benefit Guaranty Corporation	Complete all entries in accordar			Inspection 0-SF.
Part I Annual Report	Identification Information			
For calendar plan year 2012 or fi		01/2012	and ending	12/31/2012
A This return/report is for:	X a single-employer plan a	multiple-employer pla	an (not multiemployer)	a one-participant plan
B This return/report is:	the first return/report the	e final return/report		
	an amended return/report as	short plan year return	report (less than 12 mo	onths)
C Check box if filing under:	Form 5558	tomatic extension		DFVC program
	special extension (enter description)			
Part II Basic Plan Info	rmation—enter all requested information	on		
1a Name of plan DigiDeal Corporatio	n 401(k) Plan			1b Three-digit plan number (PN) ▶ 001
				1c Effective date of plan 01/01/2007
2a Plan sponsor's name and ad DigiDeal Corporatio	dress; include room or suite number (emp	oloyer, if for a single-e	employer plan)	2b Employer Identification Number (EIN) 88-0392922
5207 E Third Avenue				2c Sponsor's telephone number 509-747-8887
Spokane Valley	WA 99212-0725			2d Business code (see instructions) 713200
3a Plan administrator's name at		ne Same as Plan	Sponsor Address	3b Administrator's EIN
DigiDeal Corporatio	· · · · · · · · · · · · · · · · · · ·		•	88-0392922
D1912001 001201010	•			3c Administrator's telephone number
5207 E Third Ave				509-747-8887
Spokane Valley	WA 99212			
4 If the name and/or EIN of the	e plan sponsor has changed since the last mber from the last return/report.	t return/report filed fo	r this plan, enter the	4b EIN
a Sponsor's name	nper from the last returniveport.			4c PN
5a Total number of participants	at the beginning of the plan year			5a 46
b Total number of participants	at the end of the plan year			5b 42
c Number of participants with	account balances as of the end of the pla	n year (defined bene	fit plans do not	5c 30
	s during the plan year invested in eligible			X Yes No
b Are you claiming a waiver of	the annual examination and report of an ? (See instructions on waiver eligibility and	independent qualifie	d public accountant (IQ	PA) X Yes No
If you answered "No" to e	ther line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500.
	or incomplete filing of this return/repor			
Under popultion of parium and of	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well	I declare that I have i	examined this return/re	port, including, if applicable, a Schedule
SIGN RELLECT	Paneva It	1/15/13	Janice Pancoa	st
HERE Signature of glan		Date	Enter name of individ	lual signing as plan administrator
SIGN		7 15 13	MICHNEL	J Kuthal
HERE Signature of emple	oyer/plan sponsor	Date		lual signing as employer or plan sponsor
Preparer's name (including firm	name, if applicable) and address; include	room or suite numbe	r (optional)	Preparer's telephone number (optional)
Jodi Calhoun				509-838-5500
Randall & Hurley, I				
601 W Riverside Ave	, Suice room			
Spokane	WA 99201			700.07 (00.00)

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	Enter the amount contributed by the employer to the plan for this	plan vear	12c	
d d	Subtract the amount in line 12c from the amount in line 12b. Enternegative amount)	er the result (enter a minus sign to the left of a	12d	
е	Will the minimum funding amount reported on line 12d be met by			No N/A
Part				
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 beneficiarie of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify the plan	lan(s) to	
1	3c(1) Name of plan(s):		13c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust		14b Trust's Elf	V	