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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in actions and actions are actions.	ccordance with the instru	ictions to the Form 550	<i>JU-</i> 5F.				
	art I		Identification Information	1						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012			
A	This retu	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	r) a one-participant plan				
В	This retu	urn/report is:	the first return/report	the final return/report	t					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	<u></u>			
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program	1		
			special extension (enter desc	cription)						
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation						
	Name of					1b	Three-digit			
DION	IO, LLC	401(K) PLAN					plan number	001		
						10	(PN) Fractive data of r			
						10	Effective date of p			
			dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2b	Employer Identific	ation Number		
DION	NO, LLC						(EIN) 45-2649	9068		
						2c	Sponsor's telepho			
		AVENUE NW, SUITE WA 98371	100			-	253-268-2			
FU17	ALLUF,	WA 9037 I				2d	Business code (se	ee instructions)		
3a	Plan ad	dministrator's name an	d address X Same as Plan Spon	sor Name Same as Pla	an Sponsor Address	3h	Administrator's EI	N		
Ju	i idii de	animotrator 5 name an	d address Mounic as Flair open		an oponion / taaress		7 diffilliotrator 5 Er			
						3c	Administrator's tel	ephone number		
4	If the n	ama and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, optor the	4h	FINI			
-			hber from the last return/report.	the last return/report filed	ioi triis piari, eriter trie	40	EIN			
а		or's name				4c	PN			
5a	Total n	number of participants	at the beginning of the plan year.			5a		19		
b	Total n	number of participants	at the end of the plan year			5b		27		
С			account balances as of the end of	. , ,	•	. 5c		13		
6a		,	during the plan year invested in					X Yes No		
b			the annual examination and repo				•••••			
	under	29 CFR 2520.104-46?	(See instructions on waiver eligib	oility and conditions.)				X Yes No		
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SI	F and must instead use	Form	5500.			
Cau	ution: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is	established.			
			ner penalties set forth in the instru							
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic ve	ersion of this return/repor	rt, and i	to the best of my k	nowledge and		
	,	· · · · ·			1					
SIG		Filed with authorized/	valid electronic signature.	08/13/2013	BRAD KELLER					
HEF	KE.	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ıning as plan admiı	nistrator		
SIG										
HEF		Signature of emplo		Date	Enter name of individ	dual sig	ning as employer	or plan sponsor		
Pre	parer's ı	name (including firm n	ame, if applicable) and address; i	nclude room or suite numb	er (optional)	Prep	arer's telephone n	umber (optional)		

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End	of Vo			
		7-	(a) Beginning of Yea		+		(b) End				
_ <u>a</u>	Total plan assets Total plan liabilities	7a 7b	20100	13				38	93416)	
	Net plan assets (subtract line 7b from line 7a)	76 7c	26186	2				20	2446		
		70		13	+		393416				
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
u	(1) Employers	8a(1)	7310	7							
	(2) Participants	8a(2)	3058	80							
	(3) Others (including rollovers)	8a(3)	279	95							
b	Other income (loss)	8b	4345	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						14	19934		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1587	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	250	6							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							18381		
i	Net income (loss) (subtract line 8h from line 8c)	8i						13	31553	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10					Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in		162	NO		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					5000	000
d				10d		X			,	0000	500
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			_					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ					112	211
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•			•	П	Yes	X	No
11:	Enter the amount from Schedule SB line 39					11a		<u> </u>	-	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	П	Yes	X	No
	· · · · · ·	•		oi 50	CHOIT	JUZ UI	LNISA!	Щ	100	^	. 10
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		Day		Year			
	Enter the minimum required contribution for this plan year	•				12b					
N	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):	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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calenda	ar plan year 2012 or fi	scal plan year beginning	01/01/2012	and ending	12/31/201	2			
	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-particip	oant plan			
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım			
	-	special extension (enter desc	ription)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name	of plan				1b Three-digit plan number				
Dion	o, LLC 401(k)	Plan			(PN)	001			
					1c Effective date of	plan			
					04/30/2010)			
	ponsor's name and ac	dress; include room or suite numbe	er (employer, if for a single-c	employer plan)	2b Employer Identification Number (EIN) 45-2649068				
	·				2c Sponsor's teleph (253) 268-				
418	Valley Avenue	NW, Suite 100			2d Business code (see instructions)			
Puya				98371	423990				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b Administrator's f	ΞIN			
					3c Administrator's t	elephone number			
4 If the I	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
name	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN 4c PN				
name a Spons	, EIN, and the plan nu or's name	e plan sponsor has changed since mber from the last return/report. s at the beginning of the plan year			4c PN	1.9			
a Spons 5a Total	s, EIN, and the plan nu or's name number of participants	mber from the last return/report.			4c PN	19			
a Spons 5a Total b Total c Numb	e, EIN, and the plan nut or's name number of participants number of participants oer of participants with	mber from the last return/report. s at the beginning of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a	27			
name a Spons 5a Total b Total c Numb comp	e, EIN, and the plan number of participants number of participants number of participants per of participants with lete this item)	s at the beginning of the plan year	the plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	2′			
name a Spons 5a Total b Total c Numb comp 6a Were	e, EIN, and the plan number of participants number of participants our of participants with lete this item)	mber from the last return/report. s at the beginning of the plan year account balances as of the end of	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie	fit plans do not tions.)d public accountant (IQ	4c PN 5a 5b 5c	2			
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. s at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie pility and conditions.)	fit plans do not tions.)d public accountant (IQ	4c PN 5a 5b 5c	27			
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. at the beginning of the plan year account balances as of the end of standard the plan year invested in eaction of the annual examination and repoor? (See instructions on waiver eligibither line 6a or line 6b, the plan of	the plan year (defined bene eligible assets? (See instruc rt of an independent qualifie ility and conditions.) cannot use Form 5500-SF	fit plans do not tions.)d public accountant (IQ	4c PN 5a 5b 5c PPA)	2′ 1: X Yes \(\sum \) No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A	e, EIN, and the plan number of participants number of participants our of participants with lete this item)	mber from the last return/report. at the beginning of the plan year account balances as of the end of st during the plan year invested in e of the annual examination and repo (See instructions on waiver eligible ither line 6a or line 6b, the plan or ther penalties set forth in the instru	the plan year (defined bene bligible assets? (See instruc rt of an independent qualifie bility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applic	27 1: X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Scho	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. at the beginning of the plan year	the plan year (defined bene bligible assets? (See instruc rt of an independent qualifie bility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applic	2' 1: X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Scho	e, EIN, and the plan number of participants number of participants our of participants with lete this item)	mber from the last return/report. at the beginning of the plan year	the plan year (defined bene bligible assets? (See instruc rt of an independent qualifie bility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applic	2' 1: X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. at the beginning of the plan year	the plan year (defined bene bligible assets? (See instruct rt of an independent qualified bility and conditions.)	fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applic	2' 1: X Yes No X Yes No			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder lf you Caution: A Under pen SB or Sche belief, it is	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. s at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applic	2' XYes No XYes No able, a Schedule knowledge and			
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder If you Caution: A Under pen SB or Scho belief, it is SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. s at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualified bility and conditions.)	fit plans do not tions.)	4c PN 5a 5b 5c PA) Form 5500. use is established. port, including, if applict, and to the best of my	2' XYes No XYes No able, a Schedule knowledge and			
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF n/report will be assessed of ctions, I declare that I have as well as the electronic verse bas well as the electronic verse Date	fit plans do not tions.)	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applic t, and to the best of my	1: XYes No XYes No Able, a Schedule knowledge and			
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF n/report will be assessed of ctions, I declare that I have as well as the electronic verse bas well as the electronic verse Date	fit plans do not tions.)	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applict, and to the best of my	1: XYes No XYes No Able, a Schedule knowledge and			
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under lf you Caution: A Under pen SB or Sche belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan number of participants number of participants per of participants with lete this item)	mber from the last return/report. at the beginning of the plan year	the plan year (defined bene eligible assets? (See instruc- rt of an independent qualifie bility and conditions.) cannot use Form 5500-SF n/report will be assessed of ctions, I declare that I have as well as the electronic verse bas well as the electronic verse Date	fit plans do not tions.)	4c PN 5a 5b 5c PPA) Form 5500. use is established. port, including, if applic t, and to the best of my	1: XYes No XYes No Able, a Schedule knowledge and			

Dai	rt III Financial Information							\	
	Plan Assets and Liabilities		(a) Beginning of Yea	ır	Τ		(b) End c	f Year	
	Total plan assets	7a		1,863	1		(8) 2		3,416
	Total plan liabilities	7b		,					
	Net plan assets (subtract line 7b from line 7a)	7c	26:	1,863	3			3.9	3,416
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		T		(b) To		······································
	Contributions received or receivable from:	·	(u) Aniount		†		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	(1) Employers	8a(1)	7:	3,107	1				
	(2) Participants	8a(2)	3 (5,580)				
	(3) Others (including rollovers)	8a(3)		2,795	5		· · · · · · · · · · · · · · · · · · ·		
b	Other income (loss)	. 8b	4:	3,452	2				
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						14	19,934
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1.	5,875	1				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			<u> </u>				
f	Administrative service providers (salaries, fees, commissions)	. 8f		2,506	5				
<u>g</u>	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			ļ				18,381
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			-			13	31,553
j	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Plan Char	acterist	ic Co	des in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Chara	cteristic	Cod	es in t	he instructio	ons:	
Pari	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а		itions with	in the time period described in rection Program)	10a		Х			
b		t? (Do not	include transactions reported	10b		х			
С				10c	Х			5	00,000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused by fraud	10d		Х			
	or dishonesty?			100					
е	 Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all 								
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	Х				11,211
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
i		he require	d notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes	XNo
112	2 Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding			or sec	tion		FRISA?	Yes	XNo
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			. 0, 300	, 1011				
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					uling			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
-	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 resunegative amount)	It (enter a minus sign to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding		1 1	Yes	No N/A
Part					
	Has a resolution to terminate the plan been adopted in any plan year?			es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the plan	n(s) to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b Tr	ust's EIN	