

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.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
	<input type="checkbox"/> DFVC program	
	<input type="checkbox"/> special extension (enter description)	

Part II Basic Plan Information—enter all requested information		
1a Name of plan DIMAX 401K	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/2008
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DIMAX INC. 6115 N.E. 185TH STREET KENMORE, WA 98028	2b Employer Identification Number (EIN)	41-2080749
	2c Sponsor's telephone number	206-356-3506
	2d Business code (see instructions)	541511
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DIMAX INC. 6115 N.E. 185TH STREET KENMORE, WA 98028	3b Administrator's EIN	41-2080749
	3c Administrator's telephone number	206-356-3506
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN	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.....	5b	5
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	5
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	120929	64147
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	120929	64147
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	2888	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	44788	
e Certain deemed and/or corrective distributions (see instructions)	8e	14782	
f Administrative service providers (salaries, fees, commissions)	8f	100	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		
i Net income (loss) (subtract line 8h from line 8c).....	8i		
j Transfers to (from) the plan (see instructions)	8j		-56782

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

2E 2F 2G 2J 2K 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 V Compliance Questions**

	Yes	No	Amount
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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		13000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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)) ☐ Yes ☐ 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 12a or 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.

b Enter the minimum required contribution for this plan year	12b	
c 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	

e 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 ☒ 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 control of the PBGC? ☐ Yes ☒ No

c 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.	12/25/2013	RICHARD LUCK
	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

Letter of Explanation

Mitigating Circumstances Surrounding Late Filing of Form 5500

To Whom It May Concern:

The financial crisis of 2008 had a devastating effect on DiMax, Inc., a computer consulting company that I started in 2003. Prior to the start of crisis we had 8 people working for us and were on-track to significantly increase our size and bookings in the coming year. By March of 2009 it was clear that we would have to significantly alter how we did business to survive in this new economy. We tried pivoting. That failed. We laid off employees. That only helped temporarily. In the spring of 2009 my wife developed a strange illness (chronic fatigue) that prevented her from working. Through 2010 and 2011 the downward spiral (both in her health and the company's) continued. By the end of 2011, I was the only one left at the company. And this only because I had shoveled all of our family's savings and what remained of our 401(k)'s into the company's coffers, trying to keep it afloat. We needed to. The company provided the health insurance we needed to help cover part of the costs for my wife's treatments.

By December, 2011, it was dawning on me that the company was in serious trouble. We'd also received notice that our insurance company was dropping us (too few employees). I had one short-term contract with a local company, but it was unclear about whether or not I would actually get paid. So I started applying for jobs. It took a couple of months, but I landed as an employee with another company in February, 2012 (no benefits). At the time I still held out hope that I could earn enough money to resurrect DiMax, but finally came to realize that I simply would not be able to do so. I formally dissolved DiMax with the State of Washington in early 2013 and we're filing our final 1120 with the IRS shortly. The company I tried so hard to save has gone under anyway.

All of the above is no excuse – but simply shared so that you might better understand where my head was at the time the Form 5500 was due to be filed. In early December, 2011, I requested to terminate the company's 401(k) (document attached). Honestly, I don't remember if or when I received notice that the Form 5500 needed to be filed. My primary concerns were that my wife was going through a particularly tough spell physically, we had mounting bills from her treatments, no money in the bank, and I had no work lined up for the coming year. I do recall receiving several notifications from ADP regarding the termination process and, not having done any of this before, assumed (now I know incorrectly) that the 2011 Form 5500 and the final Form 5500 were somehow the same thing and that this would be taken care of automatically after the termination of the plan.

The company is insolvent. We, personally, do not have the financial means to pay even a modest fine at this time. I hope you can see it in your heart to help us move past this, get the forms filed that need to be filed, and to continue on.



Sincerely,
Richard Luck, (former) President, DiMax, Inc.