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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information								
For calend	dar plan year 2015 or f	iscal plan year beginning 01/01/201	5	and ending 12/	31/2015					
A This re	eturn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) (laployer information in acc		-				
B This ref	turn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 mor	nths)					
C Check	box if filing under:	Form 5558 special extension (enter descripti	automatic extension on)			DFVC prog	ram			
Part II	Basic Plan Info	ormation—enter all requested inform	nation							
1a Name DIAMOND	e of plan TECHNOLOGY INNO	VATIONS, INC.			pla	ree-digit an number N)	001			
					1c Eff	fective date o	f plan 1/2007			
Mailin	ig address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B			2b Employer Identification Number (EIN) 71-0975197					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DIAMOND TECHNOLOGY INNOVATIONS, INC.					2c Sponsor's telephone number 360-866-1337				
1043 KAISE OLYMPIA, V	R RD. S.W., BLDG. A WA 98512				2d Bu	siness code (see instructions)			
3a Plan a	administrator's name a	nd address XSame as Plan Sponsor.				ministrator's l	EIN telephone number			
		e plan sponsor has changed since the mber from the last return/report.	last return/report filed for	or this plan, enter the	4b EII	N				
a Spons	sor's name				4c PN	١				
5a Total	number of participants	s at the beginning of the plan year			5a		39			
_		s at the end of the plan year		<u> </u>	5b		47			
C Numb	per of participants with	account balances as of the end of the	plan year (defined bene	efit plans do not	5c					
d(1) To	tal number of active pa	articipants at the beginning of the plan	year		5d(1)					
		articipants at the end of the plan year		Ī	5d(2)		42			
e Num	ber of participants that	t terminated employment during the pla	an year with accrued ber	nefits that were less	5e 1					
Caution:	A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable caus	se is est	tablished.				
SB or Sch		ther penalties set forth in the instruction and signed by an enrolled actuary, as waplete.								
SIGN	Filed with authorized	/valid electronic signature.	07/11/2016	TANYA JERNIGAN						
HERE	Signature of plan	administrator	Date	Enter name of individua	al signin	g as plan adr	ninistrator			
SIGN						•				
HERE	Signature of emple	over/plan sponsor	dual signing as employer or plan sponsor							

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann 	an independand condition	dent qualified public a	account	ant (IQ	PA)			es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not det	ermined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End of Year	
a Total plan assets	7a		1753	826			197	0509
b Total plan liabilities	7b		4750				407	0500
C Net plan assets (subtract line 7b from line 7a)	7c		1753	826				0509
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total	
(1) Employers	8a(1)		148	751				
(2) Participants	8a(2)		127	014				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-36	368				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23	9397
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		22	714				
e 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						2	2714
i Net income (loss) (subtract line 8h from line 8c)	8i						21	6683
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:	
10 During the plan year:				Yes	No	N/A	Amoun	t
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Х				50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			-
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X				10096
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 a	s of year er	nd.)	10g		Χ			
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	he required	notice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10i					
Part VI Pension Funding Compliance			ıvj	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								es X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding							RISA? Y	es X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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								
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
Name of trustee of custodian				telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount	······	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		Identification Information scal plan year beginning 01/01/2015		and anding 42/	24 1004 5							
FOI Calcin	iar pian year 2015 or ii			and ending 12/3		· · · · · · · · · · · · · · · · · · ·						
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in ac								
A 1180 TO	шпиероп в юг.	a one-participant plan	a foreign plan	amployer information in a	Columne with the	om naudonoj						
			☐ a .e. e.e.									
B This ret	urn/report is	the first return/report	the final return/report	t								
	-	an amended return/report	ਰੋa short plan year retเ	a short plan year return/report (less than 12 months)								
C Check	box if filing under:	☐ Form 5558			Пррист							
• 0,100	box it tilling direct.	H	automatic extension		DFVC p	rogram						
	1 - 1 - 1 - 1	special extension (enter descript										
Part II		prmation—enter all requested infor	mation		1 4 h = 1	 						
1a Name	of plan TECHNOLOGY INNO\	MITONIC INC			1b Three-digit plan number							
DIAWOND	IEUNIULUGI INNU	/ATIONS, ING.			(PN)	001						
					1c Effective date of plan							
					07/01/2007							
		yer, if for a single-employer plan)	2au\		1	entification Number						
		m, apt., suite no. and street, or P.O. E e, country, and ZIP or foreign postal o		tructions)	(EIN) 71-097							
	TECHNOLOGY INNOV			•	2c Sponsor's telephone number (360) 866-1337							
						de (see instructions)						
1043 KAISE	R RD. S.W., BLDG. A				339900	to (oco mendedione)						
OLYMPIA, V		Tel										
3a Plan a	dministrator's name an	nd address XSame as Plan Sponsor.			3b Administrato	r's EIN						
					3c Administrator's telephone number							
					1	o tolophone name.						
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN							
name	, EIN, and the plan nun	mber from the last return/report.										
a Spons	or's name				4c PN							
5a Total i	number of participants	at the beginning of the plan year			5a	39						
b Total r	number of participants	at the end of the plan year			5b	47						
		account balances as of the end of the		-	5c	45						
	•											
		ticipants at the beginning of the plan			5d(1)	41						
		rticipants at the end of the plan year			5d(2)	42						
		terminated employment during the pla			5e	1						
Caution: A	penalty for the late of	or incomplete filing of this return/re	port will be assessed	l unless reasonable cau	use is established.							
Under pena	alties of perjury and oth	ner penalties set forth in the instruction	ns, I declare that I have	e examined this return/rep	port, including, if ap	plicable, a Schedule						
	dule MB completed an rue, correct, and comp	id signed by an enrolled actuary, as w lete.	vell as the electronic ve	rsion of this return/report	, and to the best or	my knowledge and						
SIGN	100	on~	16/27/16	x Tanya Jer	miano							
HERE	Signature of plan at	/		0	ainning on plan							
	Signature or plan ac	IMINISTRATOR	Date	Enter name of individu	Jai signing as pian a	Idministrator						
SIGN HERE												
	Signature of employ		Date	Enter name of individu								
Fiepaiers	name (including into no	ame, if applicable) and address (inclu	de foom or suite manus	er)	Preparer's telepho	ne number						
				L								

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invest Are you claiming a waiver of the annual examination are under 29 CFR 2520.104-46? (See instructions on waive If you answered "No" to either line 6a or line 6b, the If the plan is a defined benefit plan, is it covered under the 	nd report of an independer er eligibility and conditions e plan cannot use Form (nt qualified public according to the control of the	ountant (stead us	QPA) se Fort	n 5500.		X Yes I		
	the PBGC insurance progr	am (see ERISA section	on 4021)	? <u> </u>	Yes	Пио П	Not determined		
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of		+	····	(b) End o			
a Total plan assets		178	3826	_			1970509		
b Total plan liabilities		471	2026	+			4070500		
C Net plan assets (subtract line 7b from line 7a)	7c		3826	+	1970509				
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
(1) Employers	8a(1)	14	8751	8			Total Park		
(2) Participants		12	7014	5					
(3) Others (including rollovers)	8a(3)				- 1	AWE/E			
b Other income (loss)	8b	-3	6368	35					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Y i			239397		
Benefits paid (including direct rollovers and insurance p to provide benefits)	remiums 8d	2	2714	2.7					
e Certain deemed and/or corrective distributions (see inst	ructions) 8e								
f Administrative service providers (salaries, fees, commis	sions) 8f			10.					
g Other expenses	8g			100					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					22714			
—	Net income (loss) (subtract line 8h from line 8c)								
j Transfers to (from) the plan (see instructions)	8j			Ŋ.		V. W. 102			
B If the plan provides welfare benefits, enter the applicable Part V Compliance Questions	le welfare feature codes fro	om the List of Plan Cl	aracteri	stic Co	des in th	ne instructio	ns: 		
10 During the plan year:			Yes	No	N/A	1	A		
Was there a failure to transmit to the plan any participal described in 29 CFR 2510.3-102? (See instructions at Program)	nd DOL's Voluntary Fiducia	ary Correction		X			Amount		
b Were there any nonexempt transactions with any party reported on line 10a.)	r-in-interest? (Do not includ	de transactions	b	х					
C Was the plan covered by a fidelity bond?		10	c X				50000		
d Did the plan have a loss, whether or not reimbursed by by fraud or dishonesty?			d	х					
Were any fees or commissions paid to any brokers, ag- carrier, insurance service, or other organization that pro the plan? (See instructions.)	ovides some or all of the b	enefits under	Х				10096		
f Has the plan failed to provide any benefit when due un			,	х					
	·		+	х					
h If this is an individual account plan, was there a blackor	oid the plan have any participant loans? (If "Yes," enter amount as of year end.)			х					
i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 CFI	provided the required notic	e or one of the							
j Did the plan trust incur unrelated business taxable inco	me?	10							
Part VI Pension Funding Compliance	·	111		<u> </u>					
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)	g requirements? (If "Yes,"	see instructions and o	omplete	Sched	ule SB ((Form	☐ Yes 🏹 No		
11a Enter the unpaid minimum required contribution for all y							 		
12 Is this a defined contribution plan subject to the minimu						RISA?	Yes X No		

	Form 5500-SF 2015 Page 3 - 1							
	(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 in granting the waiver.	structions, and	enter the	e date of	he letter r Year	uling		
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.						
!	Enter the minimum required contribution for this plan year		12b	}				
(Enter the amount contributed by the employer to the plan for this plan year		12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d		/102.			
-	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No [N/A		
5302700	Plan Terminations and Transfers of Assets			70				
	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 the PBGC?	tht under the co	ontrol		Yes X	No		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)							
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			
ecar/serio								
Per	Trust Information							
14a	Name of trust		14b ⊤	rust's EIN	I			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
No.	IRS Compliance Questions				·			
15a	I s the plan a 401(k) plan?		Yes	3	No			
15b	5b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				e ADP/ACP test			
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Yes	3	∏No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	``.	Rat per test	centage	e Average benefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?	pining	Yes		No			
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).				•	structions		
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planadvisory letter, enter the date of that favorable letter and the letter's serial new planadvisory letter.	umber			•	or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, en determination letter	ter the date of t	he plan'	s last favo	orable			
18 	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I		Yes		No			
19	Were in-service distributions made during the plan year?		Yes		No			
	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ether or not	Yes		No	N/A		