	Form 5500-SF		Report of Small Emplo	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employed					2009				
Er	Department of Labor nployee Benefits Security Administration	This Form is Open to Public								
Pension Benefit Guaranty Corporation         Inspection <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> </ul>										
	art I Annual Report Id calendar plan year 2009 or fisca	entification Information	9	and ending	2/31/2	2009				
_	This return/report is for:	single-employer plan		mployer plan (not multiemployer)	_/0 ///	one-participant plan				
	This return/report is for:	first return/report	final return							
_		an amended return/report	short plan	year return/report (less than 12 mo	nths)					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
	-	special extension (enter descriptio	n)			_				
		nation—enter all requested information	ation		1					
	Name of plan				1b	Three-digit plan number				
SEM	ERON CORPORATION 401(K)	RETIREMENT PLAN				(PN) ► 001				
					1c	Effective date of plan 03/01/2000				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-2010417				
					2c	Plan sponsor's telephone number 206-769-7693				
	BELLEVUE WAY NE, SUITE 19 EVUE, WA 98004	1			2d	Business code (see instructions) 541600				
	Plan administrator's name and ERON CORPORATION	address (if same as Plan sponsor, er		2") NE, SUITE 191	3b	Administrator's EIN 91-2010417				
OLW		BELLEVUE			3c	Administrator's telephone number 206-769-7693				
		In sponsor has changed since the las		port filed for this plan, enter the	4b EIN					
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		<b>4c</b> P					
5a	Total number of participants at	the beginning of the plan year			5a	7				
b	Total number of participants at	the end of the plan year			5b	7				
С		th account balances as of the end of		· · ·	5c	6				
6a	Were all of the plan's assets d		Yes No							
b	<b>b</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.)									
Pa	rt III Financial Informa		1							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	I		7a	25661	14 329551					
b	1	// factor line 7-)	7b	05004	_	220551				
<u> </u>		'b from line 7a)	7c	256614 (a) Amount	+	329551 (b) Total				
a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
-			8a(1)							
	(2) Participants		8a(2)		_					
		)	8a(3)		_					
b	· · · ·	0 - (0) 0 - (0) 0	8b	74098	3	74009				
c d	Benefits paid (including direct i	8a(2), 8a(3), and 8b) rollovers and insurance premiums	80	7		74098				
е	, ,	ive distributions (see instructions)	8d 8e	/						
f		s (salaries, fees, commissions)	8f	109	5					
g			8g							
h	•	3e, 8f, and 8g)	8h			1161				
i		e 8h from line 8c)	8i			72937				
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## 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:

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2E 2F 2G 2J 2K 2T 3D
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**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  Coi	npliance Questions							
10	During th	e plan year:		Yes	No		٩mo	unt	
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)				x				
b					x				
С	Was the	plan covered by a fidelity bond?	10c		Х				
d	Did the p or dishon	an have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud esty?	10d		Х				
е	insurance service or other organization that provides some or all of the benefits under the plan? (See		10e		x				
f	Has the p	lan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the p	an have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		n individual account plan, was there a blackout period? (See instructions and 29 CFR -3.)	10h		x				
i		s answered "Yes," check the box if you either provided the required notice or one of the s to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	/I Per	ision Funding Compliance							
11									
lf y	(If "Yes," If a waive granting t ou comp Enter the Enter the	defined contribution plan subject to the minimum funding requirements of section 412 of the Code complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) r of the minimum funding standard for a prior year is being amortized in this plan year, see instru- me waiver	ctions, th	and e	enter the	e date of th			
d	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)								
е	Will the m	inimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	/II Pl	an Terminations and Transfers of Assets							
13a	Has a res	olution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	lf "Yes," e	nter the amount of any plan assets that reverted to the employer this year			13a				
b		he plan assets distributed to participants or beneficiaries, transferred to another plan, or brought GC?					Π	Yes	× No
C	If during t	his plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the sets or liabilities were transferred. (See instructions.)							
1	8 <b>c(1)</b> Nam	e of plan(s):		13	c(2) Ell	N(s)	1	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	Filed with authorized/valid electronic signature.	10/15/2010	KAYE STEVENSON					
HERE	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					

		eport of Small Employ	OMB Nos, 1210-0110 1210-0089					
	enefit		2009					
Depertment of Labor Retirement Income Security Ac	ct of 1974 (	tions 104 and 4065 of the Employee (ERISA), and section 6058(a) of the de (the Code).	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation Complete all entries in accord	the instructions to the Form 5500	-SF.						
Part I Annual Report Identification Information			12/31/2009					
	1/01/20		1					
		nployer plan (not multiemployer)	l	one-participant plan				
	final return	•						
		year return/report (less than 12 mon	iths)					
C Check box if filing under: X Form 5558	automatic	extension	l	DFVC program				
special extension (enter description				••••••••••••••••••••••••••••••••••••••				
Part II Basic Plan Information—enter all requested informa	tion		46	Thung dialt				
1a Name of plan				Three-digit plan number				
Semeron Corporation				(PN) 001				
401(k) Retirement Plan				Effective date of plan				
				03/01/2000 Employer Identification Number				
2a Plan sponsor's name and address (employer, if for single-employer p Semeron Corporation	olan)		20	(EIN) 91-2010417				
bondron borkernen			the second s	Plan sponsor's telephone number				
227 Bellevue Way NE, Suite 191			· 	(206) 769-7693				
		WA 98004	20	Business code (see instructions) 541,600				
Bellevue 3a Plan administrator's name and address (if same as Plan sponsor, en	iter "Same"		3b	Administrator's EIN				
		,						
		1	3C	Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the las	troturn/ror	port filed for this plan, enter the	4h	1b EIN				
4 If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor	r's name							
			4c	PN7				
5a Total number of participants at the beginning of the plan year			<u>5a</u>	7				
b Total number of participants at the end of the plan year			5b					
C Total number of participants with account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	e				
<ul><li>6a Were all of the plan's assets during the plan year invested in eligibl</li></ul>	o eccoto?	(See instructions )		X Yes No				
to A manufacture and a maintain of the appuel examination and report of the	an indener	ndent qualified bublic accountant (ru	(FA)					
under 20 CER 2520 104-462 (See instructions on waiver eligibility a	ana conalu	DNS.}	••••••••	X Yes No				
If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-5	SF and must instead use Form 55	00.					
Part III Financial Information				(b) End of Year				
7 Plan Assets and Liabilities		(a) Beginning of Year 256, 61	4	329,551				
a Total plan assets	7a	230,01						
b Total plan liabilities	7b 7c	256,61	.4	329,551				
C Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount		(b) Total				
<ul> <li>8 Income, Expenses, and Transfers for this Plan Year</li> <li>a Contributions received or receivable from:</li> </ul>		(a) rangearin	-					
a Contributions received or receivable from. (1) Employers	8a(1)		_					
(2) Participants	Ba(2)							
(3) Others (including rollovers)	. <u>8a(3)</u>		-					
b Other income (loss)		74,09	10	74,098				
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>			, 1,000				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. <u>8d</u>		71					
e Certain deemed and/or corrective distributions (see instructions)		1,09	30					
f Administrative service providers (salaries, fees, commissions)	. <u>8f</u>	1,0	Ĩ					
g Other expenses			-+	1,161				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. <u>8h</u>	· · · · · · · · · · · · · · · · · · ·		72,937				
Net income (loss) (subtract line 8h from line 8c)	. 81							
j Transfers to (from) the plan (see instructions)	· Bj	 • 5500-SE		Form 5500-SF (2009)				
For Paparwork Reduction Act Notice and OMB Control Numbers, see the Instruction	018 107 2010			v,092308.4				

		Form 5500-SF 2009 P	Page <b>2-</b>		<b></b>					
Par	t IV	Plan Characteristics								
		e plan provides pension benefits, enter the applicable pension feature codes from the 2E 2F 2G 2J 2K 2T 3D	e List of Plan Char	actoria	stic Co	odes in	the Instru	ctions:		
b	lf the	e plan provides welfare benefits, enter the applicable welfare feature codes from the	List of Plan Chara	acteris	tic Coo	des in t	he Instruc	tions:		f in the second state
Part	v	Compliance Questions								
10		ing the plan year:		<b></b>	Yes	No		Amou	nt	
а	29	s there a failure to transmit to the plan any participant contributions within the time pe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progr	ram)	10a		x				
b	Wer on li	re there any nonexempt transactions with any party-in-interest? (Do not include trans line 10a.)	sactions reported	10b		x				
C	Wa	as the plan covered by a fidelity bond?		10c		X				
d	or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was ilshonesty?	······	10d		x				
8	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insur urance service or other organization that provides some or all of the benefits under th ructions.)	ne plan? (See	10e		x				
f	Has	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 of year end.)		10g		х				
ĥ	252	is is an individual account plan, was there a blackout period? (See instructions and 2 20.101-3.)	****	10h		x				
i	if 10 exc	0h was answered "Yes," check the box if you either provided the required notice or or eptions to providing the notice applied under 29 CFR 2520.101-3	ne of the	101					<u>.                                    </u>	
Part	VI	Pension Funding Compliance								
11	5500	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins 0))	•••••••••• <u>•</u> •••••••••••••••				*****		es X	
12	ls th	his a defined contribution plan subject to the minimum funding requirements of section	on 412 of the Code	e or se	ction 3	302 of i	ERISA?	ΠY	′es X	No
а	1600	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this pla nting the waiver.	an year, see instru Mon	ctions, th	and e	nter th Day	e date of	the lette Year_	r ruling	_
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), an	id skip to line 13.							
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 year				12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)					12d	7			
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No		<u> </u>
Part	VII	Plan Terminations and Transfers of Assets					<u></u>			
13a		a resolution to terminate the plan been adopted during the plan year or any prior year				40.		<u> </u>	/es X	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year				13a				
b	of th	re all the plan assets distributed to participants or beneficiaries, transferred to anothe he PBGC?	* * * * * * * * * * * * * * * * * * * *					י []	res X	No
c	lf du whie	uring this plan year, any assets or liabilities were transferred from this plan to another ch assets or liabilities were transferred. (See instructions.)	r plan(s), identify t					13	c(3) PN	
1	13c(1	) Name of plan(s):			13	c(2) El	14(5)			(3)
							. <u>.</u> ,			
Caut	lon:	A penalty for the late or incomplete filing of this return/report will be assessed	unless reasonab	lo cal	ise is	establ	ished.	مهار م	Pohodi	ulo.
Unde SB o	er per er Sch	naities of perjury and other penalties set forth in the instructions, I declare that I have nedule MB completed and signed by an enrolled actuary, as well as the electronic vere s true, correct, and complete.	rsion of this return	/repor				/ knowle	dge an	d 
010		1 dem Jonner 10/15/2012	Renee Somm	er						

SIGN	Jamo Francis	1013 Joho Renée Sommer						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
	Thing thomas	10/15/2010	RenceSummer					
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					