	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0 1210-0									
	Department of the Treasury Internal Revenue Service	Benefit Plan 2010 This form is required to be filed under sections 104 and 4065 of the Employee 2010								
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Publi				
-	ension Benefit Guaranty Corporation			h the instructions to the Form 550	Inspection					
Pa	art I Annual Report Id	entification Information								
For	calendar plan year 2010 or fisca	al plan year beginning 04/30/2010	0	and ending	2/31/2	2010				
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan			
B -	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plar	n year return/report (less than 12 mc	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	ım			
_		special extension (enter descriptio	n)							
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation		-		1			
	Name of plan				1b	Three-digit plan number				
IAM	ARAC, INC. 401(K) PLAN					(PN)	002			
					1c	Effective date o				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identi (EIN) 91-202	fication Number			
	FIRST AVE., SUITE 340				2c		elephone number			
	TTLE, WA 98104				2d	Business code (541511	see instructions)			
3a	Plan administrator's name and ARAC, INC.	address (if same as Plan sponsor, er 811 FIRST A	nter "Same	e") E 340	3b	Administrator's 91-202				
		SEATTLE, W	'A 98104		3c	Administrator's 206-42	telephone number 8-4655			
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	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		40	PN				
5a	Total number of participants at	the beginning of the plan year			40 5a		39			
b		the end of the plan year			5b		54			
	Total number of participants wi	th account balances as of the end of	the plan y	vear (defined benefit plans do not			23			
60					5c		X Yes No			
	-	uring the plan year invested in eligibl e annual examination and report of a		· ,	PA)					
		See instructions on waiver eligibility a					X Yes No			
Do	If you answered "No" to either the second se	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.					
	Plan Assets and Liabilities			(a) Deminuing of Veen						
7 a			7a	(a) Beginning of Year	0	(b) End	of Year 525763			
b	•		7a 7b							
c	•	b from line 7a)	70 70		0		525763			
8	Income, Expenses, and Transf	,		(a) Amount		(b)]	lotal			
а	Contributions received or received				0	(
			8a(1)	517						
			8a(2)	9168 4942						
h	., ,	l	8a(3)	7615	_					
b			8b	7015	0		222453			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c							
u.	· · · · ·		8d	1328	3					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				13283			
i		8h from line 8c)					209170			
J	I ransfers to (from) the plan (se	e instructions)	8j	31659	3					

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

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 2T 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	t V Compliance Questions						
10	During the plan year:		Yes	No	Ar	nount	
а	 Was there a failure to transmit to the plan any participant contributions within the time period of 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 transaction on line 10a.)			x			
С	Was the plan covered by a fidelity bond?	10c	X				50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause or dishonesty?			X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance service or other organization that provides some or all of the benefits under the plar instructions.)		x				
f	Has 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	X				22000
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFI 2520.101-3.)			X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of texceptions to providing the notice applied under 29 CFR 2520.101-3						
Part	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500)).					Yes	× No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 (If "Yes," complete 12a or 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 yea granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	ar, see instructions Month	, and e	nter th Day ₋	e date of the	Yes letter rul ear	-
	Enter the minimum required contribution for this plan year			12b			
				12c			
d	negative amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	t VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 of the PBGC?	, or brought under	the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	(s), identify the pla	n(s) to			_	
1	13c(1) Name of plan(s):		130	:(2) Ell	N(s)	13c(3)) PN(s)
Caut	tion. A papalty for the late or incomplete filing of this return/report will be accessed unles	se roseonable es	ino in	octobli	ichod		

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.	06/17/2011	STUART DEPINA
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

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	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan							
	Department of the Treasury Internal Revence Service			ctions 104 and 4065 of the Employe	e	2	010	
En	Department of Labor ployee Benefits Security Administration	Retirement Income Security	Act of 1974	(ERISA), and section 6058(a) of the ode (the Code).		This Form is Open to Publi		
P	ension Benefit Guaranty Corporation	Complete all entries in accor	dance with	the instructions to the Form 550	0-SF.	Ins	pection	
L.		entification Information	04/30/2	010 and and ina		10/01/001	0	
	calendar plan year 2010 or fisca	single-employer plan	1			12/31/201		
		-	1	mployer plan (not multiemployer)		one-participar	nt pian	
Б	This return/report is for: 2	irst return/report [] an amended return/report []	final retur	year return/report (less than 12 mo	nthe)			
C	Check box if filing under:	Form 5558	י נ ר	extension	may	DFVC program	m	
	Sneck box is ming under:	special extension (enter descripti	J	CRETISION				
Pa	rt II Basic Plan Inform	nation—enter all requested inform	·					
L	Name of plan				1b	Three-digit		
	Tamarac, Inc. 401(k	t) Plan				plan number		
					10	(PN) Fifective date of	002	
						04/30/2010		
2a	Plan sponsor's name and addre Tamarac, Inc.	ess (employer, if for single-employe	r plan)		2b	Employer Identif (EIN) 91-202		
	811 First Ave., Sui	te 340			2c	Plan sponsor's to (206) 428-4		
	Seattle	110 340		WA 98104	2d	Business code (541511	see instructions)	
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same))	3b	Administrator's E	IN	
					30	Administrator's t	elephone number	
						Administrator s t		
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
1	name, Elly, and the plan numbe	r from the last return/report. Spons	or s name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a		39	
b	Total number of participants at	the end of the plan year			5b		54	
C	• •	ith account balances as of the end o	· · ·		5c		23	
6a	Were all of the plan's assets d	luring the plan year invested in eligit	ble assets?	(See instructions.)		•••••••••••••••••••••••••••••••••••••••	X Yes No	
b				ndent qualified public accountant (IC			X Yes No	
				ions.) SF and must instead use Form 55				
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		<u>7a</u>		0		525,763	
b	•				_			
		7b from líne 7a)			0		525,763	
8	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) T	otal	
а				5,1	79		한만에 가장을 통력하는 것 같다. 사람들이 가장을 통하는 것 같이	
	(2) Participants			91,6	37			
	(3) Others (including rollovers)	<u>8a(3)</u>	49,42	29			
b				76,1	58		n na shini na shekarar Marina	
بہ اہ		8a(2), 8a(3), and 8b)	<u>8c</u>			Ngana nganggalan katalan sa s	222,453	
d		rollovers and insurance premiums		13,20	33			
е	•	live distributions (see instructions)						
f	Administrative service provide	rs (salaries, fees, commissions)						
g	Other expenses		<u>8g</u>	· · · · · · · · · · · · · · · · · · ·				
h		8e, 8f, and 8g)					13,283	
i		e 8h from line 8c)				an jan ja sena ayan an ara ara	209,170	
	 ransters to (from) the plan (see 	ee instructions)	·· 8j	316,55	93 🔅	물건 감독 감독 문을 통합		

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Part IV	i i iaii	unarau	

9a	If the plan	provides	pension	benefits,	enter	the appli	icable pen	sion feature coo	les from the	List of Plan	Characteristic	Codes in the inst	ructions:
		2E	2F	2G :	2J	2T	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

10	During the plan year:				Yes	No		Aı	mount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)	Do not include transa	actions reported	10b		x				
с	Was the plan covered by a fidelity bond?		100 10c							
d	Did the plan have a loss, whether or not reimbursed by the plan's fide	caused by fraud		X	v				50,000	
e	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of th instructions.)	persons by an insuration in the benefits under the	ance carrier, e plan? (See	10d 10e		x				
f	Has the plan failed to provide any benefit when due under the plan?.			10f		x	<u> </u>			
q	Did the plan have any participant loans? (If "Yes," enter amount as of	vear end.)		10g	x					22 000
	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	e instructions and 29	9 CFR	10g	~	x				22,000
l	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	101		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Part	VI Pension Funding Compliance			101		I				n de la contra de la Contra de la contra d
11	Is this a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see inst	tructions and com	plete	Sched	dule SE	3 (Form			
	5500))								8	S X No
12	Is this a defined contribution plan subject to the minimum funding req		n 412 of the Code	or se	ction	302 of	ERISA?		Yes	s X No
•	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							F / 1		
d	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.									
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule M					,		- ''	<u> </u>	
b	Enter the minimum required contribution for this plan year		-		Г	12b	1			
с	Enter the amount contributed by the employer to the plan for this plan	vear			Г	12c	1			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mini	us sign to the left	ofa		12d				
е	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	Π	No	N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?						Yes	s X No
	If "Yes," enter the amount of any plan assets that reverted to the empl				Г		Γ			<u>b</u>
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?.	ansferred to another	plan, or brought u	under	the co	ontrol			Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e pla	n(s) to)				
	3c(1) Name of plan(s):				13	ic(2) E	IN(s)		13c(3	3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report	will be assessed i	inless reasonabl	- C21		ostab	lished			
	er penalties of perjury and other penalties set forth in the instructions, I							licahl	e a Sci	hedule
SB o	r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	s the electronic vers	sion of this return/	report	, and	to the	best of n	iy kn	owledge	e and
SIG	Alter A Der		Stuart DeP:	ina						
HER		Date	Enter name of in		ual sic	inina a	s plan ac	Imini	strator	

SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor