Department of the Treasury				Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
			Benefit Plan d under sections 104 and 4065 of the Employee			2010					
E	Department of Labor mployee Benefits Security Administration	Retirement Income Security A	Act of 1974	4 (ERISA), and section 6058(a) of the Code (the Code).							
F	Pension Benefit Guaranty Corporation	0-SF.	Inspection								
	Part I Annual Report Identification Information										
	i i	single-employer plan		and ending 1 mployer plan (not multiemployer)	2/31/2						
	This return/report is for:	first return/report	final retur		Itiemployer) one-participant plan						
D		an amended return/report		year return/report (less than 12 mo	nths)						
C	Check box if filing under:	Form 5558	•	extension	interio)	DFVC program					
U	check box it hing under.	special extension (enter descriptio									
P	art II Basic Plan Inform	<b>nation</b> —enter all requested information									
-	Name of plan				1b	Three-digit					
SEM	ERON CORPORATION 401(K)	RETIREMENT PLAN				plan number 001					
					(PN) ► 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					
	BELLEVUE WAY NE, SUITE 19	1			2c	Plan sponsor's telephone number 206-686-1360					
BELI	_EVUE, WA 98004				2d	Business code (see instructions) 541600					
3a SEM	Plan administrator's name and ERON CORPORATION		UE WAY N	") IE, SUITE 191	3b	<b>3b</b> Administrator's EIN 91-2010417					
		BELLEVUE, 1	WA 98004		3c	<b>3c</b> Administrator's telephone number 206-686-1360					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	4b EIN					
	name, EIN, and the plan numbe	r from the last return/report. Sponso		4c	PN						
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	b 7					
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	6					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		Yes No					
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No					
	,	er 6a or 6b, the plan cannot use Fo		,							
Pa	rt III Financial Informa	ation									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
a			7a	329551		413240					
b	•	'h faans lin e <b>7</b> e )		329551		413240					
<u> </u>	•	b from line 7a)	7c								
a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total					
	(1) Employers		8a(1)	22990	_						
	()		8a(2)	16500	)						
Ŀ	., ,	l	8a(3)	51516	_						
b C		 8a(2), 8a(3), and 8b)		51510	·	91006					
c d		ollovers and insurance premiums	8c								
to provide benefits)			8d	1352	2						
e Certain deemed and/or corrective distributions (see instructions)				500	_						
f	•	s (salaries, fees, commissions)		5965	2						
g b	•	) of and 0a	8g			7317					
h		Be, 8f, and 8g)	8h			83689					
i	Net income (loss) (subtract line	8h from line 8c)	8i								

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

## Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 2T 3D 2F 2G 2J
- **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		Amo	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)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e		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		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
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	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)).						Yes	× No
12								
	(If "Yes," complete 12a or 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 y	ou 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				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	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?					Π	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 control of the PBGC?							
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):					<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)			PN(s)
				. *			. ,	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	se is i	establi	shed.	1		

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.	09/27/2011	RENEE SOMMER
	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

		rt Form Annual		/Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service Th	s form is required to be	Benefit Plan of to be filed under sections 104 and 4065 of the Employ			2010		
	Department of Labor Re Employee Benefits Security Administration	etirement Income Securi	ty Act of 19	74 (ERISA), and section 6058(a) of th Code (the Code).	e	This Form is Open to Public		
	Pension Benefit Guaranty Corporation + Con			ith the instructions to the Form 550	00-SE	Inspection		
	Part I Annual Report Identifica	ation Information		<u></u>				
Fo	r calendar plan year 2010 or fiscal plan ye		01/01/	2010 and ending		12/31/2010		
		employer plan		e-employer plan (not multiemployer)		one-participant plan		
В	· 🚆	urn/report	final ret	urn/report				
		ended return/report	short pl	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: X Form 5	558	automa	tic extension		DFVC program		
		extension (enter descri						
	art II Basic Plan Information-	enter all requested info	rmation		T			
Id	Name of plan Semeron Corporation				16	Three-digit plan number		
	401(k) Retirement Plan					(PN) ▶ 001		
					1c	Effective date of plan		
20						03/01/2000		
28	Plan sponsor's name and address (emple Semeron Corporation	over, it for single-employ	rer plan)		2b	Employer Identification Number (EIN) 91-2010417		
		<i>.</i>		:	2c	Plan sponsor's telephone number (206) 686-1360		
	227 Bellevue Way NE, Suit	ce 191			2d	Business code (see instructions)		
32	Bellevue Plan administrator's name and address (i	forma on Dien ananae		WA 98004		541600		
04	Same	same as Plan sponsor	, enter Sar	he)	30	Administrator's EIN		
					3c	Administrator's telephone number		
4	If the name and/or EIN of the plan anappa	has abanged since the						
-	If the name and/or EIN of the plan sponsor name, EIN, and the plan number from the	last return/report. Spon	iast return/i sor's name	eport filed for this plan, enter the	4b	EIN		
					4c	PN		
-	Total number of participants at the begin				5a	7		
b	Total number of participants at the end of				5b	7		
с 	Total number of participants with account complete this item)	balances as of the end	of the pian	year (defined benefit plans do not	5c	6		
6a	Were all of the plan's assets during the p	lan year invested in elig	ible assets	? (See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual o	examination and report of	of an indepe	endent qualified public accountant (IQ	PA)			
	under 29 CFR 2520.104-46? (See instruct If you answered "No" to either 6a or 6	b. the plan cannot use	y and condi Form 5500	-SF and must instead use Form 55	 10	X Yes No		
Pa	rt III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets			329,55	1	413,240		
b	Total plan liabilities							
<u> </u>	Net plan assets (subtract line 7b from line		7c	329,55	1	413,240		
8	Income, Expenses, and Transfers for this			(a) Amount		(b) Total		
а	Contributions received or receivable from (1) Employers		90/1)	22,99	n			
	(2) Participants			16,50				
	(3) Others (including rollovers)			10,30				
b	Other income (loss)			51,51	a i			
	Total income (add lines 8a(1), 8a(2), 8a(3)					91,006		
	Benefits paid (including direct rollovers an	d insurance premiums				51,000		
е	to provide benefits) Certain deemed and/or corrective distribut			1,352				
	Administrative service providers (salaries,		8e					
	Other expenses			5,965	1			
	Total expenses (add lines 8d, 8e, 8f, and 8							
	Net income (loss) (subtract line 8h from lin		States and the states			7,317		
	Transfers to (from) the plan (see instructio			μ	+	83,689		
	aperwork Reduction Act Notice and OMB Control		1 01	5500-SF,	ن زير ال	Form 5500-SF (2010)		

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Form 5500-SF 2010

sign Here Page 2-

Pa	t IV Plan Characteristics		······································									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes from t	ne List of Plan Chara	acteri	stic Co	des in	the instruc	tions:				
b	2E 2F 2G 2J 2K 2T 3D											
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:												
Par	V Compliance Questions		· · · · · · · · · · · · · · · · · · ·		1			· · ·				
10	During the plan year:		······		Yes	No	1	Amount				
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ram)	10a		X							
b	Were there any nonexempt transactions with any party-in-interest? ( on line 10a.)	isactions reported	10b		х							
С	Was the plan covered by a fidelity bond?		ł	10c		X	1					
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that wa	s caused by fraud	10d		X		<u></u> .	·····			
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	trance carrier,	10u		X							
f	Has the plan failed to provide any benefit when due under the plan?			10f		X						
q	Did the plan have any participant loans? (If "Yes," enter amount as o		ł									
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and	29 CFR	10g		X X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or a	ne of the	10h 10i		4			·			
Part					ł							
11	Is this a defined benefit plan subject to minimum funding requirement 5500)).	ts? (If "Yes," see in	structions and comp	olete S	Schedi	ile SB	(Form	Yes	X No			
12	Is this a defined contribution plan subject to the minimum funding rec	uirements of secti	on 412 of the Code (					Yes	X No			
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		on 412 of the Code (	UI SEL	2001 3		INIONY					
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	emortized in this pla	an year, see instructi Month	ions, 1	and er	nter the Day	e date of th	e letter rul Year	ing .			
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), ar	d 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	ı year			[ '	12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	*****				12d						
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?.				[	Yes	No	N/A			
Part	/II Plan Terminations and Transfers of Assets		1.000									
13a	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior ye	ar?				·	Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					13a						
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?											
C												
1:	13c(1) Name of plan(s):					13c(2) ElN(s)			PN(s)			
	· · · · ·											
			-									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.												
Under SB or :	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have	examined this return		it incl	udina	if applicabl	e, a Scheo owledge a	dule Ind			
SIGN	An Arm	9/20/2010	Renee Sommer	~					1			
HERE												
	Date Enter hame of in						ndividual signing as plan administrator					

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