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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		, , , , , , , , , , , , , , , , , , ,
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 12	2/31/2	011	
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: X the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automatic	extension	ſ	DFVC progra	m
	special extension (enter descriptio	n)		L		
Ps	rt II Basic Plan Information—enter all requested informa	,				
	Name of plan	alion		1h	Three-digit	
	ALSET RETIREMENT PLAN				plan number	
0.0.	ALGET RETIREMENT ENV				(PN) ▶	001
				1c	Effective date of	fplan
					01/01/	2011
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	
SIGN	IALSET, INC.				(EIN) 26-33	
				2c	Sponsor's telep	
	3RD AVE., SUITE 2020				206-316	
SEAT	TLE, WA 98104			2d		see instructions)
		. "		O.L.	51700	
	Plan administrator's name and address (if same as plan sponsor, er ALSET, INC. 720 - 3RD AV			3D /	Administrator's E 26-33	=IN 80855
	SEATTLE, WA	A 98104		3c	Administrator's t	elephone number
					206-316	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4c	DN	
	Sponsor's name Total number of participants at the beginning of the plan year				PN T	
			-	5a		
b	Total number of participants at the end of the plan year		-	5b		
С	Number of participants with account balances as of the end of the p complete this item)	• (•	5c		
62	Were all of the plan's assets during the plan year invested in eligible					X Yes No
b	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			,		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.		
Pa	rt III Financial Information			1		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	
а	Total plan assets	. 7a	0			57610
b	Total plan liabilities	. 7b				
C	Net plan assets (subtract line 7b from line 7a)	7c	0			57610
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:					
	(1) Employers	8a(1)	50440			
	(2) Participants	. 8a(2)	58119	_		
	(3) Others (including rollovers)	. 8a(3)				
b	Other income (loss)	8b	-509			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				57610
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d				
е	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				
i	Net income (loss) (subtract line 8h from line 8c)	8i				57610
j	Transfers to (from) the plan (see instructions)	8j				
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Form	5500.	SF.	2011	

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Part IV	Plan	Charact	eristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Am	ount	
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		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		X				
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				
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		Х				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	Пи
						Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or sec	ction 3	302 of E	RISA?		etter rul	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 year, see instru	e or sections,	ction 3	302 of E	RISA?		etter rul	ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 year, see instrugranting the waiver. Mon 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan the plan to another plan(s), identify the plan the pl	of a	and e	12b 12c 12d You	Yes X	of the let	etter rul	ling N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 year, see instrugranting the waiver	of a	and e	nter the Day	Yes X	of the let	No Yes	ling N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	RUSTY LHAMON
HERE	Signature of plan administrator	tor Date Enter name of individual signing as plan adm	
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2011

This Form is Open to Public Inspection

Pa			المنافات التالي	10 4 10	044	7.
For c	alendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1;	2/31/2	U11	AL STATE OF THE ST
Ат	his return/report is for: X a single-employer plan 2 a	multiple-e	mployer plan (not multiemployer)	[a one-particip	ant plan
ВТ	his return/report is: X the first return/report 1 t	he final ret	urn/report			
	an amended return/report a	short plan	year return/report (less than 12 mo	nths)		
C C	heck box if filing under: Form 5558	automatic e	extension	Ĩ	DFVC progra	m
•	special extension (enter description			,	The state of the s	
Pa				-		
	Name of plan	1011		1h	Three-digit	
	ALSET RETIREMENT PLAN				plan number	
SIGIN	ALGE (NETINEMENT) EAN		Į	a and the second second	(PN) ▶	001
			1	1c	Effective date of	
2	7.00 (10.00)	1757: 90 <u>0</u> 107		/045 B	01/01/2	
2a SIGN	Plan sponsor's name and address; include room or suite number (em ALSET, INC.	iployer, if f	or a single-employer plan)	2b	Employer Identi	
0.0	1, 1110				(EIN) 26-338	
				ZC	Sponsor's telep 206-316	
	3RD AVE., SUITE 2020		·	2d	6.0000000000000000000000000000000000000	see instructions)
SEAT	TLE WA 98104			Lu	517000	
	Plan administrator's name and address (if same as plan sponsor, en	er "Same")	3b	Administrator's	FIN
SAMI		ATA ATABANAS	, l	NO.MOV	26-338	
				3с		lelephone number
					206-310	5-2334
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	st return/re	eport filed for this plan, enter the	4b	EIN	
а	Sponsor's name		ii	4c	PN	
	Total number of participants at the beginning of the plan year		************************************	5a		0
	Total number of participants at the end of the plan year			5b		7
C	Number of participants with account balances as of the end of the pl					-
	complete this item)			5c		7
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)		**********	X Yes No
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accountant (IQI	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				*****************	X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-3	or and must instead use Form 55	ου,		
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End	of Year
N=1	G FARRON CO. THE TOTAL OF MALLEY	7-	(a) Beginning of Teal		(b) Ello	57610
a	Total plan assets	22001		1		-
b	Total plan fiabilities	7b 7c		· -		57610
NAME OF THE PARTY OF	Net plan assets (subtract line 7b from line 7a)	76				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-1	(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		trans.		
	(2) Parlicipants	8a(2)	58119	9		
	(3) Others (including rollovers)	8a(3)	and the same of th			
b	Other income (loss)	8b	-509	9		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1		57610
c d	Benefits paid (including direct rollovers and insurance premiums	- 50		+		0.010
u	to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				10.0% 11.000 or 25 or 25
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	0			
h i	Net income (loss) (subtract line 8h from line 8c)				24.5	57610

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	Form 5500-SF 2011 Page 2 - 1					
Par	IV Plan Characteristics					
	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char E 2G 2J 2T 3D	acteris	slic Co	des in	the instructio	ons:
	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in (h	e instruction	ns:
Part	V Compliance Questions					
10	During the plan year:		Yes	No	A	mount
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.)	10a		Х	-19	**************************************
С	Was the plan covered by a fidelity bond?	10c		х	* 100	
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		х		
е	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		х		1 Vicini 2004 (100 cm)
f	Has the plan failed to provide any benefit when due under the plan?	10f		х		20.7220
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		. 25% code
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
ī	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						1990000
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Yes No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection (302 of E	ERISA?	Yes X No
	(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 year, see instrugranting the waiverMo	nth				
•	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		r	40h		
b	Enter the minimum required contribution for this plan year		100	12b 12c	5,000	
c d	Enter the amount contributed by the employer to the plan for this plan year	ofa		12d		w 128 W
е	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?				es 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 of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	ın(s) to			D:
	3c(1) Name of plan(s):	-	13	c(2) El	N(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	+ 12h 1/2	17/18/2012	RUSTY LHAMON
HERE	Signature of plan administrator	Date /	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Dale	Enter name of individual signing as employer or plan sponsor