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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number TAMARAC, INC. 401(K) PLAN (PN) ▶ 002 1c Effective date of plan 04/30/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TAMARAC, INC. 91-2022526 (EIN) 2c Sponsor's telephone number 206-428-4655 811 FIRST AVE., SUITE 340 2d Business code (see instructions) SEATTLE, WA 98104 541511 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN TAMARAC, INC. 811 FIRST AVE., SUITE 340 SEATTLE, WA 98104 **3c** Administrator's telephone number 206-428-4655 If the 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 number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 57 5a **b** Total number of participants at the end of the plan year..... 57 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 56 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 525763 856265 Total plan assets..... 7a 7b Total plan liabilities..... 525763 856265 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 42708 8a(1) (1) Employers 356097 (2) Participants 8a(2) 972 (3) Others (including rollovers)..... 8a(3) -37719 **b** Other income (loss)..... 8b 362058 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 24296 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 7260 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 31556 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 330502 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Characteristics
Parriv	Pian	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

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					500000
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				
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		Χ				
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 as of year end.)	10g	Χ					17581
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art	VI Pension Funding Compliance	•		•				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
	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 instruct granting the waiver. Montifou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	tions,	and e	enter th	e date of	the le		ling
-	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 left of negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	1	No	N/A
art				l l				
 3а	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u 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 the which assets or liabilities were transferred. (See instructions.)							_
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.	ı		
Inde B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/red, it is true, correct, and complete.	rn/rep	ort, ir	cluding	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	07/26/2012	TIM SCHALKE
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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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For		1/01/2	D11 and ending		12/31/2011 —	
A	This return/report is for: 🛛 a single-employer plan 🔲 :	a multiple-	employer plan (not multiemployer)		a one-participant	plan
В	Fhis return/report is:	the final re	turn/report			
		short pla	n year return/report (less than 12 mo	onths)		
C (Check box if filling under: Form 5558	automatic	extension		DFVC program	
•	special extension (enter description			ı	□ ······	
D۸	rt II Basic Plan Information—enter all requested informa					
	Name of plan	uor:		1h	Three-digit	
	Tamarac, Inc. 401(k) Plan			10	plan number	
	iamarac, inc. 401(k) Flair				(PN) •	002
				1c	Effective date of plan	n
					04/30/2010	
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)		Employer Identificati (EIN) 91-202252	
	Tamarac, Inc.				1 7	
				20	Sponsor's telephone (206) 428-46	number 55
	811 First Ave., Suite 340			2d	Business code (see	instructions)
	Seattle		WA 98104		541511	,
	Plan administrator's name and address (if same as plan sponsor, en	ter "Same		3b	Administrator's EIN	
	Same			_		
				3C	Administrator's telep	hone number
4	If the name and/or EIN of the plan sponsor has changed since the la	est return/r	eport filed for this plan, enter the	4h	EIN	
-	name, EIN, and the plan number from the last return/report.		open mad for and plant, evilar and			
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		57
b	Total number of participants at the end of the plan year			5b		57
C	Number of participants with account balances as of the end of the p			5c		56
	complete this item)					
	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a				<u> </u>	a Les 🔲 Mo
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	-	
Pa	rt III Financial Information					· · · · · · · · · · · · · · · · · · ·
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of \	′ear
а	Total plan assets	7a	525,76	3		856,265
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	525,76	3		856,265
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u>. </u>	(b) Tota	I
а	Contributions received or receivable from:		42,70	18		
	(1) Employers	8a(1)	356,09	┥		e rije Tilonija
	(2) Participants	8a(2)	330,03	⊣		
	(3) Others (including rollovers)	8a(3)	(37,719			
þ	Other income (loss)	8b	(37,713	7 / : .	<u></u>	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	***************************************			262 050
d	The first term to the second consideration in the second c					362,058
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24,29	96		362,058
е	to provide benefits)	8d 8e	24,29	96		362,058
e f	to provide benefits) Certain deemed and/or corrective distributions (see instructions)		7,26			362,058
f	to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8e 8f				362,058
f g	to provide benefits)	8e 8f 8g				362,058
f	to provide benefits)	8e 8f 8g 8h				
f g	to provide benefits)	8e 8f 8g				31,556

		Form 5500-SF 2011 Page 2 -					
Par	† I\	/ Plan Characteristics					
		he plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2T 3D	acteris	stic Co	des in	the instructio	ons:
b	lf 1	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Cod	es in th	ne instruction	s:
Part	V	Compliance Questions					
10	D	uring the plan year:		Yes	No	А	mount
a		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		х		
С		Vas the plan covered by a fidelity bond?	10c	Х			500,000
d	D	id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х		
е	۷ ir	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х		
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х		
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			17,581
_		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	.09				
		520.101-3.)	10h		Х		
ı		10h was answered "Yes," check the box if you either provided the required notice or one of the coeptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part	V	Pension Funding Compliance			20110		
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))					Yes X No
12	1:	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а		a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver					
lf		u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			,		
b	Ε	nter the minimum required contribution for this plan year			12b		
C	E	nter the amount contributed by the employer to the plan for this plan year			12c		
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)			12d		
е	V	Ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part	: V	Plan Terminations and Transfers of Assets					
13a	I	as a resolution to terminate the plan been adopted in any plan year?				Yes X No	
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year	1	13a			
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought fithe PBGC?					Yes X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)		- u
	130	(1) Name of plan(s):		13	c(2) E	IN(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	Tin Schale	07/	25/	201	7-Tim Schalke
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