## 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).

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

➤ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2	011	and ending 12	2/21/2	2011
Α -	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is: the first return/report	the final r	eturn/report		
_	an amended return/report	<b>=</b>	an year return/report (less than 12 mo	nths)	
_	H	=		111110)	_
C	Check box if filing under: Form 5558	ш	extension		DFVC program
	special extension (enter descrip	,			
Pa	art II Basic Plan Information—enter all requested info	rmation			
	Name of plan			1b	Three-digit
SEME	ERON CORPORATION 401(K) RETIREMENT PLAN				plan number (PN) • 001
			-	10	Effective date of plan
					03/01/2000
2a	Plan sponsor's name and address; include room or suite number	(employer, if	for a single-employer plan)	2b	Employer Identification Number
	IERON CORPORATION	( , , ,			(EIN) 91-2010417
				2c	Sponsor's telephone number
227 E	BELLEVUE WAY NE, SUITE 191				206-686-1360
	LEVUE, WA 98004			2d	Business code (see instructions)
					541600
	Plan administrator's name and address (if same as plan sponsor			3b	Administrator's EIN 91-2010417
SEIVIE		EVUE WAY N E, WA 98004	IE, SUITE 191	30	Administrator's telephone number
				30	206-686-1360
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.		· · · · · · · · · · · · · · · · · · ·		
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	6
b	Total number of participants at the end of the plan year			5b	0
C	Number of participants with account balances as of the end of th	e plan year (	defined benefit plans do not	_	
	complete this item)			5c	0
_	Were all of the plan's assets during the plan year invested in elig				X Yes No
b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili			,	X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use				
Pa	art III Financial Information			-	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	413240		0
	Total plan liabilities				
	Net plan assets (subtract line 7b from line 7a)		413240		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
-			, ,		(2) 10141
	(1) Employers	8a(1)	35959		
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-4945		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			31014
d					
	to provide benefits)	8d	441192		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f	3062		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				444254
i	Net income (loss) (subtract line 8h from line 8c)				-413240
j	Transfers to (from) the plan (see instructions)				
-	Demonstration Act Notice and OMD Control Numbers are the instructions	O)	l		

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Dart IV	Dlan	Chara	otorictics
Part IV	Plan	Cnara	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 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		Amoui	nt
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		X			
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		X			
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		X			
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					
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Y	′es 💢 N
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					ΠY	′es X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct 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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s 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?	nder	the co	ntrol		X	′es
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.)	e plar	n(s) to				_
1	3c(1) Name of plan(s):		130	(2) EIN	(s)	13	<b>c(3)</b> PN(s
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establis	hed.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return	,					

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/31/2012	RENEE SOMMER
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

## Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ 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

Р	art [ Annual Report Identification Information						
For	I MANUAL	01/01/	2011	and ending		12/21/201	1
Α	This return/report is for:    a single-employer plan	a multipl	e-employer pl	an (not multiemployer)		a one-particip.	ant plan
В	This return/report is:	the final	return/report				
	an amended return/report	d a short p	lan vear return	/report (less than 12 me	onths'	)	
C	Check box if filing under: Form 5558	<u> </u>	ic extension	, , , , , , , , , , , , , , , , , , , ,		DFVC progran	<b>7</b> 1
•	special extension (enter description)	_	0 0,((01.0(01)			T Si vo piograf	11
В	art II Basic Plan Information—enter all requested inform	•					
	Name of plan	HallUII			1h	Three-digit	
	Semeron Corporation				113	plan number	
	401(k) Retirement Plan					(PN) ▶	001
	401(K) Retilement Flan				1c	Effective date of	
20						03/01/2000	
Za	Plan sponsor's name and address; include room or suite number ( Semeron Corporation	employer,	if for a single-e	employer plan)	2b	Employer Identifi	
	oddolon oolpoldelon				2-	(EIN) 91-2010	<del></del>
					- ZC	Sponsor's teleph (206) 686-	
	227 Bellevue Way NE, Suite 191				2d	Business code (s	
	Bellevue		WA	98004		541600	oo mondonons,
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "Sam			3b	Administrator's E	IN
	Same						· · · · · · · · · · · · · · · · · · ·
					3C	Administrator's te	lephone number
4	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.  Sponsor's name				4 -		
<u>a</u> 5a	Total number of participants at the beginning of the plan year		<del></del>		4c	PN	
b					5a		6
C	Total number of participants at the end of the plan year				5b		0
	complete this item)	hian Agai (	uenneu pener	it plans do not	5c		0
6a	Were all of the plan's assets during the plan year invested in eligib			***************************************			X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified	public accountant (IOF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F					**************	⊠ Yes ∐ No
Pa	rt III Financial Information	orm 5500	-SF and must	instead use Form 550	υ.		
7.	Plan Assets and Liabilities		(a) R	eginning of Year	$T^-$	(b) End o	
а	Total plan assets	7a	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	413,24	n	(b) End o	i real
	Total plan liabilities		<del></del>	110,000	1		<u>-</u>
С	Net plan assets (subtract line 7b from line 7a)	. 7c		413,24	0		0
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) To	utal .
а	Contributions received or receivable from:						
	(1) Employers	. 8a(1)		35,95	9		
	(2) Participants	. 8a(2)					
	(3) Others (including rollovers)	. 8a(3)					
b	Ofher income (loss)	. 8b	Statut Adviced	(4,945)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			1011	5. T.	31,014
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		441,192	2		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	<u> </u>	* * * * * * * * * * * * * * * * * * * *			
f	Administrative service providers (salaries, fees, commissions)			3,062			
g	Other expenses	8g		3,002			
'n	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	The Constant		1		444,254
Ĭ	Net income (loss) (subtract line 8h from line 8c).	81		terro and the state of the stat		er e	(413, 240)
ř	Transfers to (from) the plan (see instructions)	0:		<u> </u>			1 223,240)

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Part IV	Plan Characteristics
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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 2K 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					***************************************	**********	****	Omenicon	
10	During the plan year:		***************************************	<del></del> -		*1-	T			
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time po	eriod described in	10a	Yes	No X		Amour	nt	
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include trans	actions reported	10a		X				
С	Was the plan covered by a fidelity bond?		t t	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	caused by fraud	10d		X					
e	•									
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 ye	ear end.)		10g		X				· · · · · · · · · · · · · · · · · · ·
h	If this is an individual account plan, was there a blackout period? (See i 2520.101-3.)	instructions and 2	9 CFR	10g 10h		X		andi Jehr Grad Jes		
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520,101-3	uired notice or o	ne of the	10i						
Part	VI Pension Funding Compliance								::::: <u> ;                              </u>	
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	(If "Yes," see ins	tructions and comp	olete S	ched	ıle SE	(Form	Пү	es 🛚	No
12	Is this a defined contribution plan subject to the minimum funding require								es X	No
а	(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 amgranting the waiver.	ortized in this pla	n year, see instruct	tions,	and ei	nter tin Dav	e date of	the letter	ruling	' 
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), an	d skip to line 13.			Day.		1 cai		_
b	Enter the minimum required contribution for this plan year				. [	12b				
¢	Enter the amount contributed by the employer to the plan for this plan ye	ear			[	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a min	us sign to the left o	fa	[	12d				
е	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?	*************************				Yes	No		N/A
art	Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					ΧY	es [	40		
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year		13	a		<u> </u>			- 0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another	plan, or brought u	nder t	he cor	itrol			es 🗍	No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)								_	
13	3c(1) Name of plan(s):				13c	(2) Ell	۷(s)	13c	(3) PN	1(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report wi	ill be assessed i	ınless reasonable	caus	e is e	stahli	shed			
Under SB or	penalties of perjury and other penalties set forth in the instructions, I der Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete	clare that I have	examined this retur	n/repr	ort inc	luding	if applic	able, a S knowled	chedu ge and	ie d
SIGN	/ her Drawn 7	125/2010	Renee Somme	r						
HERE	#I ./	ate	Enter name of ind		ıl sign	ng as	plan adn	ninistrator		
SIGN HERE		ate	Enter name of ind	livieh re	ıl simni	na se	amniouo	rathian	màga	
						. 19 43	-11151010	or plant	POHO	