## 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 section 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	Complete all entries in acc	ordance wit	h the instructions to the Form 550	0-SF.	-			
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2	010	and ending 1	2/31/2	2010			
A	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report							
_	an amended return/report	Short plan	n year return/report (less than 12 mo	nths)				
_	<u> </u>	H .		11110)	DEVC program			
C	Check box if filing under:	ш	cextension		DFVC program			
	special extension (enter descrip							
Pa	Irt II Basic Plan Information—enter all requested info	rmation			1			
	Name of plan			1b	Three-digit			
SEAS	SHARE 401K PLAN				plan number (PN) • 001			
				10	Effective date of plan			
				10	01/01/2007			
2a	Plan sponsor's name and address (employer, if for single-employ	rer plan)		2b	Employer Identification Number			
	SHARE	or plany		_~	(EIN) 91-1641242			
				2c	Plan sponsor's telephone number			
	RICKSEN AVE NE E 310				206-842-3609			
	BRIDGE ISLAND, WA 98110			2d	Business code (see instructions) 722300			
32	Plan administrator's name and address (if same as Plan sponsor	ontor "Same	2"\	3h	Administrator's EIN			
SEAS	SHARE 600 ERICH	KSEN AVE N	iE	35	91-1641242			
	SUITE 310 BAINBRID	)  GE ISLAND:	WA 98110	3c	Administrator's telephone number			
		01 :01 :: 10			206-842-3609			
	the name and/or EIN of the plan sponsor has changed since the	eport filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Spon	isor's name		4c PN				
52	Total number of participants at the beginning of the plan year				2			
		5a	0					
b	Total number of participants at the end of the plan year	5b	0					
С	Total number of participants with account balances as of the end complete this item)		•	5c	0			
62	Were all of the plan's assets during the plan year invested in elig				X Yes No			
	Are you claiming a waiver of the annual examination and report	•	'					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibili	ty and condit	ions.)		Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	11395	5	0			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	11395	5	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from:		(1)		(1)			
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)	506	5				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	976	6				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1482			
d	Benefits paid (including direct rollovers and insurance premiums		4007	7				
	to provide benefits)	8d	12877	_				
е	Certain deemed and/or corrective distributions (see instructions)	8e		_				
f	$\label{providers} \mbox{Administrative service providers (salaries, fees, commissions)}$	8f		_				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			12877			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-11395			
i	Transfers to (from) the plan (see instructions)							

	Form 5500-SF 2010 Page <b>2-</b>							
ar	t IV Plan Characteristics							
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instruction	ns:		
	2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	otoriot	io Cod	doo in t	the inetrustic	20.		
,	if the plan provides wellare benefits, effect the applicable wellare feature codes from the List of Plan Chara	iciensi	.10 000	Jes III (	THE ITISH UCHOI	15.		
art	V Compliance Questions							
)	During the plan year:	Yes		No	Amount			
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					2000
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		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		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						
rt	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						es [	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Y	es	X No
	(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 instruction granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			7 .				
b	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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of		124					

#### **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? ..... Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year......

12d

Yes

N/A

No

X Yes No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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): 13c(2) EIN(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	Filed with authorized/valid electronic signature.	08/10/2011	JAMES W HARMON
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

OMB Nos. 1210-0110 1210-0089

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# Form 5500-SF Department of the Treasury 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

2010

Emp	Department of Labor ployee Benefits Security Administration			4 (ERISA), and section 6058(a code (the Code).	) of the	This Form is Open to Pu				
Per	nsion Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance wit	h the instructions to the For	m 5500-SF.	1116	Decuon			
242 4224		dentification information								
For c	alendar plan year 2010 or fisc	<del></del>	01/01/2	2010 and endin	9	12/31/201 	0			
	riis retarivi eport is ior.	⊠ single-employer plan		employer plan (not multiemplo	yer)	one-participa	nt plan			
ВТ	his return/report is for:	first return/report	X final retu	·						
		an amended return/report	short pla	n year return/report (less than	12 months)	_				
<b>C</b> c	heck box if filing under:	X Form 5558	automati	c extension		DFVC progra	m			
		special extension (enter descr	ription)							
Par	t II Basic Plan Infor	mation—enter all requested inf	formation							
	Name of plan EEASHARE 401K PLAN				1b	Three-digit plan number (PN)	001			
					10	Effective date of				
					"	01/01/2007				
<b>2a</b> §	Plan sponsor's name and add SEASHARE	ress (employer, if for single-emplo	oyer plan)			Employer Identification Number (EIN) 91-1641242				
_		_			2c	Plan sponsor's to (206) 842-3	elephone number 1609			
9	500 ERICKSEN AVE N SUITE 310	E			2d	Business code (s				
3a F		d address (if same as Plan sponso	or, enter "Sam	<u>WA 98110</u> e")	3b	722300 Administrator's E	in			
٥	SAME				3с	Administrator's to	elephone number			
4 If 1	the name and/or EIN of the pl	an sponsor has changed since th	e last return/re	eport filed for this plan, enter the	ne 4b	EIN				
na	ame, EIN, and the plan numbe	er from the last return/report. Spo	onsor's name							
E	T-a-(	A AL - C - I - I - J AC - I - I				PN				
		it the beginning of the plan year			00					
		t the end of the plan year								
		vith account balances as of the er								
		during the plan year invested in e					X Yes No			
b a	Are you claiming a waiver of t	the annual examination and repo (See Instructions on waiver eligible	rt of an indepe	ndent qualified public account	ant (IQPA)		X Yes No			
	if you answered "No" to eiti	her 6a or 6b, the plan cannot us	se Form 5500	SF and must instead use Fo	rm 5500.					
Par	t III Financial Inform	ation								
7	Plan Assets and Liabilities		V69.540	(a) Beginning of Ye	ar	(b) End	of Year			
а	Total plan assets		7a	1.	1,395		1			
b 1	Total plan liabilities		7b				***************************************			
c t	Net plan assets (subtract line	7b from line 7a)	7c	1	1,395					
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) T	otal			
	Contributions received or recei	eivable from:			A.					
					506					
	(3) Others (including rollovers		8a(3)							
		*/			976					
		8a(2), 8a(3), and 8b)			E. (1)	and and the second seco	1,48			
d E	Benefits paid (including direct	rollovers and insurance premium			2,877					
		tive distributions (see instructions					West Constitution			
_		rs (salaries, fees, commissions)	′ <del>                                      </del>							
	•						chair ann a			
		8e, 8f, and 8g)			(333,233)	ranger (1965) in the second of	12,87			
	rown expenses (and into ou,	oo, oi, and og/					16,0/			
	Not income (Insc) (subtract lie	a 9h from line 9c)	n:	Paragraph Mark Control of the Contro	797 W. W. W. W. W.		/11 205			
į t	• • •	e 8h from line 8c)				7/00/0183/01007868	(11,395)			
i 1	Transfers to (from) the plan (s	e 8h from line 8c)ee Instructions)d OMB Control Numbers, see the Instr	8]				(11,395			

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	Form 5500-SF 2010	P	age <b>2-</b>								
Par	IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Chara	ntoris	tle Ce	ndes in	the instru	tions:			
	2E 2F 2G 2J 2K 3D										
þ	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Charac	cterist	tic Co	des in	the instruc	tions:			
Part	Compliance Questions	,,									
10	During the plan year:				Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х					
þ	Were there any nonexempt transactions with any party-in-interest? (E					١					
_	on line 10a.)		F	10b		X					
	Was the plan covered by a fidelity bond?		F	10c	Х	<u> </u>			2,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or other rinsurance service or other organization that provides some or all of the instructions.)	e benefits under th	e plan? (Seé	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan? .			10f		х					
a	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.\		10g		Х					
ĥ	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 2	9 CFR	10h		x					
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	e of the	10i							
Part	Pension Funding Compliance			,			Principle of the Princi		**************************************		
11	is this a defined benefit plan subject to minimum funding requirements	s? (If "Yes " see ins	tructions and com	nlete !	Sched	lule SE	3 (Form				
	5500))							Yes	No		
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	•	n 412 of the Code	or se	ction 3	302 of	ERIŞA7.,	Yes	X No		
а	(if Tea, Complete 12a of 12t, 12t, 12t, 12t, 1ato 12e below, as applicable if a walver of the minimum funding standard for a prior year is being a granting the waiver.	mortized in this pla									
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi										
þ	Enter the minimum required contribution for this plan year,				[_	12b					
c	Enter the amount contributed by the employer to the plan for this plan	уеаг				12¢					
d	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	/// 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	ır?					X Yes	∏ No		
					Г	13a	•		0		
b	i res, enter the amount or any plan assets that revented to the employer this year.						∏ No				
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred, (See instructions.)	this plan to another	plan(s), identify the	e plar	ı(s) to	1					
1	c(1) Name of plan(a):				13c(2) EIN(s) 13c(3			13c(3)	PN(s)		
							~				
				L							
	on: A penalty for the late or incomplete filing of this return/report										
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.	declare that I have a s the electronic ver:	examined this return/n	rn/rep eport,	ort, in and t	cludin to the l	g, If applica best of my	able, a Sche knowledge	edule and		
Same					,	7.3					
SIGN	(2) / (-)										
1 10 10 10 10 10 10 10 10 10 10 10 10 10	Signature of plan administrator Date Enter name o				individual signing as plan administrator						
SIGN						<del></del>					
HER	Signature of employer/plan sponsor	Date	Enter name of inc	dividu	al sign	ning a:	s employer	or plan spo	nsor		