	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A		This Form is Open to Public						
Ρ	ension Benefit Guaranty Corporation	Complete all entries in accord	Inspection							
	Part I Annual Report Identification Information									
For	calendar plan year 2010 or fisca	7 0 0			2/31/2					
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
		an amended return/report	short plan	year return/report (less than 12 mc	,					
C	Check box if filing under:	Form 5558		extension		DFVC program				
		special extension (enter description								
		nation—enter all requested inform	ation		16					
	Name of plan METRICS RETIREMENT PLAN				ai	Three-digit plan number				
02/1						(PN) ► 001				
					1c	Effective date of plan 01/01/2005				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1464001				
P.O.	METRICS, INC. BOX 1589				2c	Plan sponsor's telephone number 253-872-0284				
KEN	Γ, WA 98032				2d	Business code (see instructions)				
SEAT	ITLE METRICS, INC.	address (if same as Plan sponsor, e P.O. BOX 15	89	e")	3b	Administrator's EIN 91-1464001				
SEAMETRICS, INC. KENT, WA 980					Administrator's telephone number 253-872-0284					
		n sponsor has changed since the la	port filed for this plan, enter the	4b	EIN					
name, EIN, and the plan number from the last return/report. Sponsor					4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	46				
b	Total number of participants at	the end of the plan year			5b	57				
C	Total number of participants wi	th account balances as of the end of	f the plan y	ear (defined benefit plans do not	5c	47				
6a	• •	uring the plan year invested in eligib				Yes No				
	Are you claiming a waiver of th	e annual examination and report of	an indepen	dent qualified public accountant (IQ						
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No				
Pa	rt III Financial Informa		01111 3300-	or and must instead use rorm of	00.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	78768	5	984005				
b	Total plan liabilities		. 7b							
С	Net plan assets (subtract line 7	b from line 7a)	. 7c	78768	5	984005				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or recei		82(1)	4927	2					
	(2) Participants	8a(1) 402 8a(2) 1632			4					
)			91					
b	., ,									
с	· · · ·	3a(2), 8a(3), and 8b)				295540				
d		rollovers and insurance premiums			50					
е	, ,	ve distributions (see instructions)		1897)					
f		s (salaries, fees, commissions)								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)				99220				
i		8h from line 8c)				196320				
j	Transfers to (from) the plan (se	e instructions)	8j							

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 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	D	uring the plan year:		Yes	No		Amo	ount	
а		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 n line 10a.)	10b		×				
С	۷	Vas the plan covered by a fidelity bond?	10c	Х					250000
d									
е	in	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		X				
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				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the acceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	V	Pension Funding Compliance							
11									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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									
If	granting the waiver								
		nter the minimum required contribution for this plan year		Г	12b				
c									
d	S	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left equative amount)	of a	Ē	12d				
е		ill the minimum funding amount reported on line 12d be met by the funding deadline?		1		Yes		lo	N/A
Part									
13a	н	as a resolution to terminate the plan been adopted during the plan year or any prior year?					Π	Yes	× No
		"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control								× No
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.)									
1	13c(1) Name of plan(s):					N(s)		13c(3)	PN(s)
Caut	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.	09/07/2011	CURTIS E. BURNETT Enter name of individual signing as plan administrator					
HERE	Signature of plan administrator	Date						
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	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2	2010		
Em	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).							
Pe	nsion Benefil Guaranty Corporation	0-SF.	Ins	pection					
	rt I Annual Report Id	lentification Information		and ending					
100	F	single-employer plan		ployer plan (not multiemployer)					
		first return/report	final return/		one-participant plan				
Вт	his return/report is for:								
-		an amended relurn/report	H	/ear return/report (less than 12 mo	nths)	D			
C Check box if filing under:									
		special extension (enter descrip	36						
		nation—enter all requested infor	mation						
	Name of plan				1b	Three-digit			
SEAN	METRICS RETIREMENT PLAN					plan number (PN)	001		
					1c	Effective date of	nlan		
						01/01/2			
	Plan sponsor's name and addre TLE METRICS, INC.	ess (employer, if for single-employ	er plan)		2b	Employer Identifi (EIN) 91-1464			
	IETRICS, INC. BOX 1589				2c	Plan sponsor's te 253-872	elephone number 2-0284		
KENT	WA 98032				2d	Business code (s 339900	see instructions)		
3a SAME		address (if same as Plan sponsor,	enter "Same"))	3b	Administrator's EIN 91-1464001			
					3c	3c Administrator's telephone number 253-872-0284			
4 If	the name and/or EIN of the pla	an sponsor has changed since the	last return/repo	ort filed for this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report. Sponsor's name									
50	Tatal annabas of andisia and a	46 - 6		4c 5a	PN	-			
5a Total number of participants at the beginning of the plan year							46		
b Total number of participants at the end of the plan year							57		
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do no complete this item)							47		
		luring the plan year invested in elig					X Yes 🗌 No		
b	Are you claiming a waiver of th	e annual examination and report of	of an independ	ent qualified public accountant (IQ	PA)		-		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit er 6a or 6b, the plan cannot use	y and condition	ns.)	 		X Yes No		
Pa	rt III Financial Informa		ronn 5500-5	F and must instead use Form 55	00.	······			
7	Plan Assets and Liabilities			(a) Beginning of Year	1		- 6 V		
a			7a	(a) Beginning of Year 787685	5	(b) End	984005		
b						7/2000 (M 2			
		7b from line 7a)		787685			984005		
8	Income, Expenses, and Transi			CARGON COUNT AND AND	-				
	Contributions received or received		1000	(a) Amount		<u>(b) T</u>			
		···•	8a(1)	49272	2				
	(2) Participants					4			
	(3) Others (including rollovers)	8a(3)	13291					
b	Other income (loss)		8b	69713		t and the second second			
C							295540		
d	Benefits paid (including direct	rollovers and insurance premiums	s and insurance premiums			50			
~		tivo diotrikutiono (ono instructiono)		·	전화 전 이는 것이다. 이 가지 않는 생활				
		tive distributions (see instructions)		18970	<u>70</u>				
T	2 	e providers (salaries, fees, commissions)							
g		·····		8g					
h t		8e, 8f, and 8g)							
1		e 8h from line 8c)		- 1	1	10 State	196320		
	mansiers to (from) the plan (si	ee instructions)	···· 8j						

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

Part IV	Plan 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 3D 2G 2J 2K 2T

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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:	311-3-3-3-3-11-			Yes	No		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)					x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x			
C	Was the plan covered by a fidelity bond?		••••••	10c	х			25	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	bond, that was o	caused by fraud	10d		x		5	
e	Were any fees or commissions paid to any brokers, agents, or other pers insurance service or other organization that provides some or all of the be instructions.)	enefits under the	e plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			10f	87	х			27.000C
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	ar end.)		10g		х			
h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided the requi exceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or on	e of the	101			1 22		
Part									
11	Is this a defined benefit plan subject to minimum funding requirements? (I 5500))	lf "Yes," see insl	ructions and com	plete \$	Sched	ule SB	(Form	Yes	No
12	Is this a defined contribution plan subject to the minimum funding require	ments of section	n 412 of the Code	or see	ction 3	02 of E	ERISA?	Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								en e
а	If a waiver of the minimum funding standard for a prior year is being amor	rtized in this plar	year, see instruc	tions,	and e	nter th			
If	granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	Form 5500) and	Mont	ih		Day_	Y	'ear	<u></u>
	b Enter the minimum required contribution for this plan year					12b			
						12c			<u> </u>
d						12d			
е	Will the minimum funding amount reported on line 12d be met by the fund						Yes	No 🗍	N/A
Part VII Plan Terminations and Transfers of Assets									
	If "Yes," enter the amount of any plan assets that reverted to the employe					13a		Yes X	No
b	Were all the plan assets distributed to participants or beneficiaries, transfe	erred to another	plan, or brought u	inder f	he co	atrol			
of the PBGC?									
13c(1) Name of plan(s):					13c(2) EIN(s)			120(2) D	
					100		1(5)	13c(3) PI	<u>v(s)</u>
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
Unde SB ol	r penalties of perjury and other penalties set forth in the instructions, I decl Schedule MB completed and signed by an enrolled actuary, as well as the , it is frue, correct, and complete.	are that I have a	wamined this retu	en lenn		يد مراليد بار	Street Laboration	e, a Schedu owledge an	le d
SIG		1/26/2011	CURTIS E. BUR	NETT					
HER	E Signature of plan administrator Dat	le /	Enter name of ind	dividu	al sign	ing as	plan admini	strator	
SIG									

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