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

	Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance witl	n the instructions to the Form 550	0-SF.		•
	art I Annual Report Identi						
For	r calendar plan year 2011 or fiscal pla	n year beginning 01/01/20	011	and ending 1	12/31/2	2011	
Α	This return/report is for:	single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	e first return/report	the final r	eturn/report		_	
_		amended return/report	a short pla	in year return/report (less than 12 m	onths)		
_	님 _	· ·	=		0111110)	_	
C	Check box if filling drider.	orm 5558		extension		DFVC progra	ım
	sp	ecial extension (enter descrip	tion)				
Pa	art II Basic Plan Informati	on—enter all requested infor	mation				
	Name of plan				1b	Three-digit	
MAT	RICAL, INC. 401K RETIREMENT SA	VINGS PLAN				plan number	004
					4.0	(PN) •	001
					10	Effective date of 01/01	•
22	Plan sponsor's name and address; i	noludo room or quito numbor	(omployer if	for a single ampleyor plan)	2h		
	FIGHT Sportsor's flame and address, in FICAL, INC.	nclude room of suite number	(employer, ii	ioi a single-employer plan)	20	Employer Identification (EIN) 23-30	84215
					20	Sponsor's telep	
					20	509-34	
	B E. TRENT AVENUE SUITE 110 DKANE, WA 99202				2d		see instructions)
0. 0						33990	•
3a	Plan administrator's name and addre	ess (if same as plan sponsor.	enter "Same	,")	3b	Administrator's I	FIN
	RICAL, INC.	1003 E. TR	ENT AVENU	E SUITE 110			84215
		SPOKANE,	WA 99202		3с		elephone number
						509-343	3-6225
4	If the name and/or EIN of the plan s		e last return/	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan number from Sponsor's name	in the last return/report.			4c	DNI	
	Total number of participants at the b	oginning of the plan year				FIN	3
	· ·				5a		
b					5b		4
С	Number of participants with account complete this item)				5c		4
	,						X Yes No
oa b	Were all of the plan's assets during Are you claiming a waiver of the an			` '			V Les INC
D				ons.)			X Yes No
	•	_	•	SF and must instead use Form 55			
Pa	art III Financial Information	n					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	626123			713467
b				0			0
С	Net plan assets (subtract line 7b fro			626123			713467
8	Income, Expenses, and Transfers for	,		(a) Amount		(b) 1	· otal
a				(a) Alliount		(5)	- Clai
ŭ	(1) Employers		8a(1)	0			
	(2) Participants		8a(2)	158404			
	(3) Others (including rollovers)			0			
b	,			-19293			
C	Total income (add lines 8a(1), 8a(2)						139111
d		, ,					
u	to provide benefits)		8d	30746			
е				11920			
f	Administrative service providers (sa	,		9101			
g		,		0			
9 h							51767
:							87344
;	Net income (loss) (subtract line 8h f	,		•			37044
J	Transfers to (from) the plan (see ins	ucuons)	····· 8j	0			

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		•		
Part IV	Plan	(:hara	cteristic	S

- 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 2S 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0 a	V Compliance Questions	1						
а	During the plan year:		Yes	No		Am	ount	
	, , , , , , , , , , , , , , , , , , , ,	10a		X	<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	<u> </u>			
С	Was the plan covered by a fidelity bond?	10c	X		Ì			2500
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		Χ				
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					253
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ	Ì			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		Χ				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i						
art								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl 5500))						Yes	Пи
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X N
-	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	otion c	02 01 1	_1(10/(.]	ш
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions 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	1			
d	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)			12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
е								
	VII Plan Terminations and Transfers of Assets					-		
rt '	Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No		
rt '				Y	es X	No		
rt ' 3a	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 un	1	3a		es X		Yes	× N
rt Ba b	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	1	3a the co		es X		Yes	× N
rt Ba b	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 un of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	1	the co] Yes	
rt Ba b	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 un of the PBGC? 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	the co	ntrol				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/01/2012	ALAN SAND
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

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

	art I Annual Report Identification Information						_	
For		01/01/2	011 and ending		12/31/201	1 .	_	
Α	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is:	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
C	Check box if filing under: X Form 5558	automatic	extension	ſ	DFVC progra	m		
	special extension (enter description	oп)		•				
P	art II Basic Plan Information—enter all requested inform	ation					_	
-	Name of plan			1b	Three-digit		_	
	MATRICAL, INC. 401K RETIREMENT				plan number			
	SAVINGS PLAN				(PN) •	001		
					Effective date of 01/01/2005			
2a	Plan sponsor's name and address; include room or suite number (e	employer, it	for a single-employer plan)		Employer Identif	·	_	
	MATRICAL , INC.	• • /			(EIN) 23-308			
	•	•			Sponsor's telep			
	1003 E. TRENT AVENUE SUITE 110				(509) 343-			
						see instructions)		
30	SPOKANE Plan administrator's name and address (if same as plan sponsor, e	ntos "Come	WA 99202		339900 Administrator's (= IA1	_	
Ja	SAME	niter Same	; , .	30	Auministrator s e	TilA		
	'			3с /	Administrator's t	elephone number	_	
4	If the name and/or City of the plan areas has been discussed.		41-			_		
4	if the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	iast returni	report filed for this plan, enter the	4b	EIN		_	
а	Sponsor's name		4c PN					
5a	Total number of participants at the beginning of the plan year	•••••		5a		3	8	
b	Total number of participants at the end of the plan year	•		5b		4	7	
C	Number of participants with account balances as of the end of the complete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		*******	X Yes No	>	
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQI	PA)		Yes No		
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F				***************************************	W ies □ ive	,	
Pa	rt III Financial Information		Dr. disa Made Motore add Form of				-	
7	Plan Assets and Liabilities	estimbel.	(a) Beginning of Year		(b) End	of Year	_	
а	Total plan assets	. 7a	626,12	3		713,46	7	
b	Total plan liabilities	. 7b		0			0	
	Net plan assets (subtract line 7b from line 7a)		626,12	3		713,46	7	
8	Income, Expenses, and Transfers for this Plan Year	2000 000	(a) Amount		(b) T	otal	_	
а	Contributions received or receivable from:			A 1.54		Maria da	· ·	
	(1) Employers	. 8a(1)	150.40	뷔성				
	(2) Participants		158,40	# 3			- 1	
b	(3) Others (Including rollovers)		(19, 293	쒸 🏝				
C	Other income (loss)		119,293	/ -		139,11	<u>-</u>	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	30,74	6		139,11	<u>+</u>	
е	Certain deemed and/or corrective distributions (see instructions)	8e	11,92	⊣				
f	Administrative service providers (salaries, fees, commissions)	—	9,10	-				
g	Other expenses			히	7.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	The second of the second	Ž.	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		1	1		51,76	7	
i	Net income (loss) (subtract line 8h from line 8c)			1	· · · · · · · · · · · · · · · · · · ·	87,34	_	
	Transfers to (from) the plan (see instructions)		· · · · · · · · · · · · · · · · · · ·	0		· · · · ·	·	

		Form 5500-SF 2011 Page 2 -							
Par	t IV	Plan Characteristics 1							· · · · · · · · · · · · · · · · · · ·
	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2S 2T 3D	acteris	tic Co	des in	the instr	ruction	S:	
b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteristi	c Cod	es in t	he instru	ctions:		
Part	V	Compliance Questions							
10	Dui	ring the plan year:		Yes	No		Am	ount	
	29	is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				·
ď		ore there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С	Wa	as the plan covered by a fidelity bond?	10c	Х				2	5,000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			х				
0	insu	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, issurance service or other organization that provides some or all of the benefits under the plan? (See istructions.)		Х					2,531
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		Χ				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the epitions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11	Is th	nls a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SE	3 (Form	Г	Yes	П №
12		0))his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	. 01 30	Cilosi	JO2 01	LINIOM	·· L] . ••	
a	lf a	walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the walver	ctions, th	and e	nter ti Day	ne date d	of the le	etter rui	ing
_		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		,			
		er the minimum required contribution for this plan year		‴ ⊢ -	12b	ļ			
		er the amount contributed by the employer to the plan for this plan year.			12c	ļ			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	•••••		12d				
		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					Ť		
13a		a resolution to terminate the plan been adopted in any plan year?			<u> </u>	Yes X	No		···
		'es," enter the amount of any plan assets that reverted to the employer this year		1					
	of th	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the						Yes	No
		ch assets or liabilities were transferred. (See instructions.)	io piai	1(3) 10					
1	13c(1) Name of plan(s):					N(s)		13c(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
SB or	Sch	ralties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule;MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	report	ort, in and t	cludin o the l	g, if appl pest of m	icable, ly knov	a Sche vledge	edule and

SIGN HERE Signature of plan-administrator

SIGN NAUN DELLES

Date Enter name of individual signing as plan administrator

4/30/12 Margo L. Buckles

HERE Signature of employer/plan sponsor

Date Enter name of individual signing as employer or plan sponsor