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

P		lance witl	n the instructions to the Form 5500	0-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011		
A	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	oant plan	
			eturn/report	L		·	
			·				
_			in year return/report (less than 12 mo	ontns) r	¬		
С	Check box if filing under:	automatic	extension		DFVC progra	ım	
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested information	ition					
1a	Name of plan			1b	Three-digit		
WES	TTEK 401(K) PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of		
					01/15		
	Plan sponsor's name and address; include room or suite number (em TTEK, L.L.C.	nployer, if	for a single-employer plan)		Employer Identif		
VVLC	TTEN, E.E.O.				(EIN) 91-17		
				2c	Sponsor's telep		
	- 154TH AVE. N.E.		•	0.1	425-86		
KEDI	MOND, WA 98052			2a		see instructions)	
2-	District the second sec	. "0	m)	26	54151		
	Plan administrator's name and address (if same as plan sponsor, ent TTEK, L.L.C. 8585 - 154TH			3D	Administrator's I 91-17	=IN '33531	
WLO	REDMOND, W		•	30		elephone numbe	r
					425-86		•
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	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			
b	Total number of participants at the end of the plan year			5b			1
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not				_
	complete this item)		·	5c			1
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes 1	V٥
b	3			,			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an		•			X Yes N	V٥
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.			_
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		_
а	Total plan assets	7a	596640			606606	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	596640			606606	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		_			
	(2) Participants	8a(2)	60688				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-22728				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				37960	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	27994				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				27994	
- ;						9966	_
:	Net income (loss) (subtract line 8h from line 8c)	8i					
J	Transfers to (from) the plan (see instructions)	8j					

Form 5500-SF 2011	

Page 2	-	1	
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Da = 4 IV/	Diam	Charas	::
Part IV	Plan	Charac	teristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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:

During the plan year:		Yes	No		Amo	ount	
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		Х				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ				6	066
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				
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					360
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
t VI Pension Funding Compliance	<u>. </u>						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					П		
55(00))						Yes	N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	N
							+
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.)	e or se	ction 3	302 of E	RISA?	[Yes Eter ruling	N g
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 instru	e or sections,	ction 3	302 of E	RISA?	[Yes Eter ruling	N g
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 instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of E	RISA?	[Yes Eter ruling	N g
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 instrugranting the waiver. Montagor completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	nter the	RISA?	[Yes Eter ruling	N g
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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 instrugranting the waiver. Mortyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	ctions,	and e	nter the Day _	RISA?	if the let	Yes >	N g
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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	nter the Day _	e date o	if the let	Yes >	9
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 instrugranting the waiver. Mortyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter the Day _ 12b 12c 12d	e date o		Yes >	9
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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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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 of the PBGC?	of a	and e	nter the Day	e date o	f the let	Yes >	N//
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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 instrugranting the waiver	of a	and e	nter the Day	Yes X	f the let Year	Yes	N//
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 instrugranting the waiver	of a	and e	nter the Day	Yes X	f the let Year	Yes A	N//
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 instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets 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 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.)	of a	and e	nter the Day	Yes X	f the let Year	Yes A	N//

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	TIMOTHY T. WELLS
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

Department of the Treasury Internat Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefil 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

1.5	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
		a short pla	n year return/report (less than 12 mo	on(hs)	
C	Check box if filing under: Form 5558	350	extension		DFVC program
U	special extension (enter description		S. C.	9	T 21 40 blogram
- D	art II Basic Plan Information—enter all requested information		i emin		· · · · · · · · · · · · · · · · · · ·
	Name of plan	auon		1h	Three-digit
	STTEK 401(K) PLAN			10	plan number
4 Y J C	STIEN WIND LAN				(PN) D01
				1c	Effective date of plan
	- No. of the Control				01/15/1999
2a WES	Plan sponsor's name and address; include room or suite number (e. STTEK, L.L.C	mployer, if	for a single-employer plan)	2b	Employer Identification Number
	Loss of the second definition of the second		ł	-	(EIN) 91-1733531
				2C	Sponsor's telephone number 425-861-8271
	5 - 154TH AVE. N.E.		Y	2d	Business code (see instructions)
KEL	MOND WA 98052				541519
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN
SAN	E		· ·	-	91-1733531
				3с	Administrator's telephone number 425-861-8271
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	
	name, EIN, and the plan number from the last return/report.	aat rotarry	oport med for this plant, office the	-710	CIN
a	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	17
b	Total number of participants at the end of the plan year			5b	13
С	Number of participants with account balances as of the end of the p	olan year (defined benefit plans do not	WEW.	
	complete this item)		The second secon	5c	13
	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				
Pa	rt III Financial Information	100 1000			
7	Plan Assets and Liabilities	12 25 400	(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	596640		606606
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	596640		606606
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:			0101123123	SALE SINGPORTATION
	(1) Employers	8a(1)	2000		
	(2) Participants	8a(2)	60688	_	
927	(3) Others (including rollovers)	8a(3)		-	
þ	Other income (loss)		-22728		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			37960
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	27994		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g g	Other expenses			_	
h	The Control of the Co				27994
i	Net income (loss) (subtract line 8h from line 8c)				9966
i	Transfers to (from) the plan (see instructions)				3000
	8	8j		- 1	

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aye		1

	Form	5500	-SF	20	11
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Part IV	Plan	Chara	ctarietics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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	٧	Compliance Questions							
10		ng the plan year:				Yes	No	Ya.	Amount
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		х		
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)		THE RESERVE OF THE PROPERTY OF	10b		Х		
С	Was	s the plan covered by a fidelity bond?	***************************************		10c	Х			60661
d		the plan have a loss, whether or not reimbursed by the plan's fidel ishonesty?			10d		Х		
е	insu	e any fees or commissions paid to any brokers, agents, or other p rance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e	x			3604
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	year end.)		10g		Х		
h		is is an individual account plan, was there a blackout period? (See			10h		х	n:	# 3,750
i		th was answered "Yes," check the box if you either provided the resplions to providing the notice applied under 29 CFR 2520.101-3			10i			4	
Part	VI	Pension Funding Compliance			208 2000		25723152		-74-18-18-20-
11		is a defined benefit plan subject to minimum funding requirements						8	Yes No
12	ls th	nis a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction	302 of	ERISA?	Yes X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а		waiver of the minimum funding standard for a prior year is being ar ting the waiver.							
If v		completed line 12a, complete lines 3, 9, and 10 of Schedule ME				27	Duy		7 Gui
1,5		er the minimum required contribution for this plan year				[12b		
С	Ente	er the amount contributed by the employer to the plan for this plan	year				12c		5. k.%.
	Subt	tract the amount in line 12c from the amount in line 12b. Enter the alive amount)	result (enter a minu	us sign to the left	of a	Ī	12d		
е	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?				*****	Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?		******************	******			Yes X No)
	If "Y	es," enter the amount of any plan assets that reverted to the empl	oyer this year		1	3a			
b		e all the plan assets distributed to participants or beneficiaries, trans							Yes X No
С	If du	ring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify t	he pla	n(s) to	נ		
1		Name of plan(s):				13	c(2) E	IN(s)	13c(3) PN(s)
Cauti	ion: /	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cai	use is	estab	lished.	
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e s the electronic vers	examined this retained in a second control of this return.	um/re /repor	port, ii t, and	ncludin to the	ng, if applica best of my k	ble, a Schedule nowledge and
SIGI	v 🛪	TenT/	1 4/20/12	TIMOTHY T. W	/ELLS	1			NII.
HER	-	Signature of plan administrator	Date	Enter name of in	ndivid	ual sig	ning a	ıs plan admi	nistrator
SIGI),				****	-0.820 -0.800 -0	
HER	C ;	Signature of employer/plan sponsor	Date	Enter name of it	ndivid	ual sig	ning a	s employer	or plan sponsor