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).

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SEAMETRICS RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SEATTLE METRICS, INC. 91-1464001 (EIN) SEAMETRICS, INC. 2c Sponsor's telephone number 253-872-0284 P.O. BOX 1589 **KENT, WA 98032** 2d Business code (see instructions) 339900 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1464001 SEATTLE METRICS, INC. P.O. BOX 1589 SEAMETRICS, INC **KENT. WA 98032 3c** Administrator's telephone number 253-872-0284 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. 4c PN Sponsor's name 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..... 69 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 984005 1220398 Total plan assets..... 7a 7b Total plan liabilities..... 984005 1220398 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 80752 8a(1) (1) Employers 198183 (2) Participants 8a(2) 1113 (3) Others (including rollovers)..... 8a(3) -13899 **b** Other income (loss)..... 8b 266149 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 10559 to provide benefits)..... 8d 19197 Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 29756 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 236393 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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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 3D 2G 2J 2K 2T
- 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		X		7		
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				2	250000
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				
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				
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))						Yes	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
(II res, complete 12a of 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 granting the waiver	ıth						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ıth		Day _				
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ith	[Day _				
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	th	 [Day _				
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	[Day _				
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		Day		_ Yea		
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		Day		_ Yea	r	
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		Day	Yes	_ Yea	r	
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		Day	Yes	_ Yea	r	
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		Day	Yes	Yea	No	N/A
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		Day	Yes	Yea	r	N/A
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		Day	Yes	Yea	No	N/A
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	3a the co	Day	Yes es X	Yea	No	N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f 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. C Enter the amount contributed by the employer to the plan for this plan year. C 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? THE VII Plan Terminations and Transfers of Assets A 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	3a the co	Day	Yes es X	Yea	ves	N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f 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. C Enter the amount contributed by the employer to the plan for this plan year. C 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? THE VII Plan Terminations and Transfers of Assets A 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	3a the co	Day	Yes es X	Yea	ves	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/25/2012	CURTIS E. BURNETT
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 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

	rt I Annual Report Identification Information	90						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	2011			
Αī	his return/report is for: 🗵 a single-employer plan	a multiple	-employer plan (not multiemployer)	er) a one-participant plan				
Вт	his return/report is: the first return/report	the final r	elurn/report	₩ 				
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter description							
Pa	rt II Basic Plan Information—enter all requested informa		transaction and the second second second second					
07.	Name of plan	20011		1h	Three-digit			
	METRICS RETIREMENT PLAN				plan number			
					(PN) ▶ 001			
				1c	Effective date of plan 01/01/2005			
2a	Plan sponsor's name and address; include room or suite number (er TLE METRICS, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
	METRICS, INC.				(EIN) 91-1464001			
ACCULTABLE DA				2c	Sponsor's telephone number			
P.O.	BOX 1589				253-872-0284			
KENT	WA 98032			2d	Business code (see instructions)			
3a	Plan administrator's name and address (if same as plan sponsor, er	ter "Same	")	2 h	339900 Administrator's EIN			
SAME		iter Gairie		่อม	91-1464001			
				3с	Administrator's telephone number 253-872-0284			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4h	EIN			
	name, EIN, and the plan number from the last return/report.		the section of the se					
	Sponsor's name			4c	PN			
5a Total number of participants at the beginning of the plan year			5a	57				
b Total number of participants at the end of the plan year			5b	69				
C	Number of participants with account balances as of the end of the p complete this item)	olan year (defined benefit plans do not	5c	51			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQI	PAI				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes [] No			
Pai	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm aauu-	SF and must instead use Form 55	00.				
7	Plan Assets and Liabilities		(a) Beginning of Year	d 1/200	MA HIGH SEASON			
0.50	Total plan assets	7a	(a) Beginning of Year 984005		(b) End of Year 1220398			
101	Total plan liabilities	7b		1	1220000			
	Net plan assets (subtract line 7b from line 7a)	7c	984005	1	1220398			
12000	Income, Expenses, and Transfers for this Plan Year		(a) Amount					
	Contributions received or receivable from:			1	(b) Total			
	(1) Employers	8a(1)	80752					
	(2) Parlicipants	8a(2)	198183					
	(3) Others (including rollovers)	8a(3)	1113					
b	Other income (loss)	8b	-13899		Prince in the second of the se			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			266149			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10559)				
е	Certain deemed and/or corrective distributions (see instructions)	8e	19197	1				
f	Administrative service providers (salaries, fees, commissions)	8f	21843 2.34 L Mai 44					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			29756			
-	Net income (loss) (subtract line 8h from line 8c)				236393			
j	Transfers to (from) the plan (see instructions)							

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Signature of employer/plan sponsor

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				120000		with the same of t	1000		
	t IV Plan Characteristics	COLUMN STATEMENT OF					Well-de-		
9a	If the plan provides pension benefits, enter the applicable pension feat	ture codes from the	List of Plan Chara	acteris	stic Co	des in	the instruct	ions:	
b	 2E 3D 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 								
-				SICHSI	IC C00	es in t	ine instructio	ns:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	ry Correction Progra	ım)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)			10ь	J. 10.0000	×		***************************************	
C	Was the plan covered by a fidelity bond?	***************************************		10c	X				250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was o	caused by fraud	10d		×	- COMMO		
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	persons by an insura ne benefits under the	ance carrier, plan? (See	10e		х			236
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	1000011		
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)			10h		х			4.0
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 on	e of the	10i				<u> </u>	
Part							L	-	
11	Is this a defined benefit plan subject to minimum funding requirements	s? (If "Yes." see inst	ructions and com	plete	Sched	ule SE	3 (Form		
9	5500))	·····			*****			Yes	No No
12	Is this a defined contribution plan subject to the minimum funding req		1 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	s ⊠ 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 a	mortized in this plan	year, see instruc	ctions,	and e	enter th			
lf '	granling the waiveryou completed lines 3, 9, and 10 of Schedule M			ın		Day		Year	
	2 S 8 2 S 10 S		and the second second		[12b			
С	Enter the amount contributed by the employer to the plan for this plan				STORES.	12c			**
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mini	us sign to the left	of a		12d	2.50	4	100
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	*************				Yes	No	□ N/A
Part									
-	Has a resolution to terminate the plan been adopted in any plan year?				940000VD	Пγ	res X No	Water	
	If "Yes," enter the amount of any plan assets that reverted to the emp			1	3a	لسا	[5]		
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought t	under	the co				
C	of the PBGC?							∐ Yes	⊠ No
	which assets or liabilities were transferred. (See instructions.)		W = 2	Т				T	
-	3c(1) Name of plan(s):	3 300000			130	c(2) El	N(s)	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report	will be assessed i	ınless reasonab	le cau	ise is	establ	lished.		844
SB o	er penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.	declare that I have out the electronic vers	examined this retu sion of this return/	ırn/report	oort, in , and t	cludin to the t	g, if applicab best of my kr	le, a Sch nowledge	nedule e and
	111.4.5 \$ 1	17/17/2012	CURTIS E. BUI	RNET	T		-		
SIG		Date	Enter name of in			ning or	s nlan admin	intrator	
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Date

Enter name of individual signing as employer or plan sponsor