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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		dentification Informatior	1				
For calenda	ar plan year 2012 or fisc		1/2012	and ending 1	2/31/2	2012	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is: the first return/report the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mg	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	ŭ	special extension (enter desc	cription)			_	
Part II	Basic Plan Infor	mation—enter all requested ir	nformation				
1a Name					1b	Three-digit	
SEAMETRIC	S RETIREMENT PLAN	I				plan number	
					4 -	(PN) •	001
					10	Effective date of 01/01/	•
SEATTLE M	ETRICS, INC.	ress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identification (EIN) 91-14	fication Number 64001
SEAMETRIO 19026 - 72N					2c	Sponsor's telep	
KENT, WAS					2d	Business code ((see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Spor	sor Name Same as Pla	an Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b	EIN	
name	, EIN, and the plan num	ber from the last return/report.					
	or's name				4c	PN	
_		at the beginning of the plan year			5a		69
		at the end of the plan year			5b		81
		C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					
_					5c		67
		during the plan year invested in	eligible assets? (See instru	ctions.)			
b Are yo	ou claiming a waiver of t	during the plan year invested in the annual examination and repo	eligible assets? (See instru	ections.)ied public accountant (IQI	PA)		X Yes No
b Are you under	ou claiming a waiver of to 29 CFR 2520.104-46?	during the plan year invested in the annual examination and repo (See instructions on waiver eligi	eligible assets? (See instru ort of an independent qualifi bility and conditions.)	octions.)ied public accountant (IQI	PA)		67
b Are you under	ou claiming a waiver of t 29 CFR 2520.104-46? a answered "No" to eith	during the plan year invested in the annual examination and repo (See instructions on waiver eligi her line 6a or line 6b, the plan	eligible assets? (See instruort of an independent qualifibility and conditions.)	ictions.)	PA) Form	5500.	X Yes No
b Are you under If you Caution: A Under pena SB or Sche	ou claiming a waiver of to 29 CFR 2520.104-46? In answered "No" to eith a penalty for the late of alties of perjury and other.	during the plan year invested in the annual examination and report (See instructions on waiver eliging her line 6a or line 6b, the plan incomplete filing of this return per penalties set forth in the instruction of the plan in	eligible assets? (See instru ort of an independent qualifi bility and conditions.) cannot use Form 5500-Si rn/report will be assessed uctions, I declare that I have	etions.)	Form se is	5500. established. acluding, if applic	X Yes No X Yes No
b Are you under If you Caution: A Under pena SB or Schebelief, it is to SIGN	ou claiming a waiver of to 29 CFR 2520.104-46? In answered "No" to eith a penalty for the late of alties of perjury and other due to the country of the late of the country of the late of	during the plan year invested in the annual examination and report (See instructions on waiver eliging her line 6a or line 6b, the plan incomplete filing of this return per penalties set forth in the instruction of the plan in	eligible assets? (See instru ort of an independent qualifi bility and conditions.) cannot use Form 5500-Si rn/report will be assessed uctions, I declare that I have	etions.)	Form se is	5500. established. acluding, if applic	X Yes No X Yes No
b Are you under If you Caution: A Under pena SB or Schebelief, it is to be a second or	ou claiming a waiver of to 29 CFR 2520.104-46? In answered "No" to eith a penalty for the late of alties of perjury and other due to the country of the late of the country of the late of	during the plan year invested in the annual examination and reports (See instructions on waiver eliging ther line 6a or line 6b, the plan report incomplete filing of this returner penalties set forth in the instruction of the plan and signed by an enrolled actuary, ete.	eligible assets? (See instru ort of an independent qualif- bility and conditions.) cannot use Form 5500-Si rn/report will be assessed actions, I declare that I have as well as the electronic ve	rections.)	Form se is port, in	5500. established. acluding, if applicate to the best of my	Yes No Yes No State A Schedule knowledge and
b Are you under If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE	ou claiming a waiver of to 29 CFR 2520.104-46? I answered "No" to eith a penalty for the late of alties of perjury and other edule MB completed and true, correct, and completed with authorized/value.	during the plan year invested in the annual examination and reports (See instructions on waiver eliging ther line 6a or line 6b, the plan report incomplete filing of this returner penalties set forth in the instruction of the plan and signed by an enrolled actuary, ete.	eligible assets? (See instruct of an independent qualification bility and conditions.)	rections.)	Form se is port, in	5500. established. acluding, if applicate to the best of my	Yes No Yes No State A Schedule knowledge and
D Are you under If you Caution: A Under pens SB or Schebelief, it is to SIGN HERE	ou claiming a waiver of to 29 CFR 2520.104-46? I answered "No" to eith a penalty for the late of alties of perjury and other edule MB completed and true, correct, and completed with authorized/valsignature of plan additional signature of employers.	during the plan year invested in the annual examination and report (See instructions on waiver eliging her line 6a or line 6b, the plan report incomplete filing of this returner penalties set forth in the instruct signed by an enrolled actuary, ete. alid electronic signature. Iministrator	eligible assets? (See instruort of an independent qualifibility and conditions.) cannot use Form 5500-Si rn/report will be assessed uctions, I declare that I have as well as the electronic verification. 04/26/2013 Date Date	rections.)	Form se is port, in , and t	5500. established. cluding, if applic to the best of my	Yes No Yes No Solution No No Solution No Able, a Schedule knowledge and Ministrator Per or plan sponsor
D Are you under If you Caution: A Under pens SB or Schebelief, it is to SIGN HERE	ou claiming a waiver of to 29 CFR 2520.104-46? I answered "No" to eith a penalty for the late of alties of perjury and other edule MB completed and true, correct, and completed with authorized/valsignature of plan additional signature of employers.	during the plan year invested in the annual examination and reports (See instructions on waiver eliging ther line 6a or line 6b, the plan report incomplete filing of this returner penalties set forth in the instruct signed by an enrolled actuary, ete. alid electronic signature.	eligible assets? (See instruort of an independent qualifibility and conditions.) cannot use Form 5500-Si rn/report will be assessed uctions, I declare that I have as well as the electronic verification. 04/26/2013 Date Date	rections.)	Form se is port, in , and t	5500. established. cluding, if applic to the best of my	Yes No Yes No State of the st
D Are you under If you Caution: A Under pens SB or Schebelief, it is to SIGN HERE	ou claiming a waiver of to 29 CFR 2520.104-46? I answered "No" to eith a penalty for the late of alties of perjury and other edule MB completed and true, correct, and completed with authorized/valsignature of plan additional signature of employers.	during the plan year invested in the annual examination and report (See instructions on waiver eliging her line 6a or line 6b, the plan report incomplete filing of this returner penalties set forth in the instruct signed by an enrolled actuary, ete. alid electronic signature. Iministrator	eligible assets? (See instruort of an independent qualifibility and conditions.) cannot use Form 5500-Si rn/report will be assessed uctions, I declare that I have as well as the electronic verification. 04/26/2013 Date Date	rections.)	Form se is port, in , and t	5500. established. cluding, if applic to the best of my	Yes No Yes No Solution No No Solution No Able, a Schedule knowledge and Ministrator Per or plan sponsor

Form 5500-SF 2012 Page **2**

Por	t III Financial Information		<u> </u>					
<u> </u>	Plan Assets and Liabilities		(a) Baginging of Van				(h) End of Voor	
		7-	(a) Beginning of Year			(b) End of Year		
	Total plan assets	7a 7b	122039	70			1772770	
	Net plan assets (subtract line 7b from line 7a)	7b	122039) R			1772770	
	· · · · · · · · · · · · · · · · · · ·	70		70		177277		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	9887	7				
	(2) Participants	8a(2)	24276	64				
	(3) Others (including rollovers)	8a(3)	23635	58				
b	Other income (loss)	. 8b	14094	14				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					718943	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	16545	58				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	111	3				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					166571	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					552372	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2G 2J 2K 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in tl	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		
b		? (Do not	include transactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Χ		250000	
d				100			250000	
	or dishonesty?			10d		X		
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	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 a					X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the					
Part	1 1 5 11	1-3		10i				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a	103 140	
12	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 line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter rulingYear	
lf	If you 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		

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	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding 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 "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part		t Identification Informa	tion		17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -			
For calenda	ar plan year 2012 or	fiscal plan year beginning	01/01/2012		and ending	12/31/	2012	
A This rel	urn/report is for:	port is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan						
B This ret	urn/report is:	Ihe first return/report	the	e final return/report			_	*).
		an amended return/repo	ort ∏as	hort plan year retur	n/report (less than 12 m	onths)	
C Check b	box if filing under:	Form 5558		tomatic extension			DFVC progra	am
	₩a	special extension (enter	description)				□ Di vo piogit	ann
Part II	Basic Plan Inf	formation—enter all request		in .				
1a Name			isa mismidad	***************************************		1h	Three-digit	T
	CS RETIREMENT P	LAN				"	plan number	
						L	(PN) ▶	001
				1 100		1c	Effective date of 01/01/	
SEATTLE M	IETRICS, INC.	address; include room or suite	number (emp	loyer, if for a single	-employer plan)	2b	Employer Identi (EIN) 91-146	
SEAMETRIC						2c	Sponsor's telep (253) 87	phone number
19026 - 72n						2d	Business code	(see instructions)
3a Plan a		and address XSame as Plan	Sponsor Nan	ne Same as Pla	n Sponsor Address	3b	33990 Administrator's	
						3c	Administrator's	telephone number
							rianimotiator 3	telephone number
4 If the r	name and/or EIN of t . EIN. and the plan r	the plan sponsor has changed number from the last return/rep	since the last ort.	return/report filed f	or this plan, enter the	4b	EIN	
	or's name					4c	PN	
5a Total r	number of participan	ts at the beginning of the plan	year			5a		69
b Total r	number of participan	is at the end of the plan year	***************************************			5b		81
C Numb compl	er of participants wit lete this item)	h account balances as of the e	end of the plan	n year (defined ben	efil plans do not	5c		67
		ets during the plan year invest	100000000000000000000000000000000000000	10.7 (10.7)				X Yes No
b Are yo	ou claiming a waiver	of the annual examination and	d report of an	independent qualifi	ed public accountant (IO	PAL		N 103 140
under	29 CFR 2520.104-4	16? (See instructions on waiver	r eligibility and	d conditions.)	**************		•••••••	X Yes No
		either line 6a or line 6b, the						
Caution: A	A penalty for the lat	e or incomplete filing of this	return/repor	t will be assessed	unless reasonable car	use is	established.	
SB or Sche	aities of perjury and edule MB completed true,∕correct, and co	other penalties set forth in the and signed by an enrolled act mplete.	uary, as well	declare that I have as the electronic ve	examined this return/re rsion of this return/repor	port, in t, and	ncluding, if applic to the best of my	cable, a Schedule knowledge and
	1 () = 00	man	er nen	[,,)	1. ()	Ŋ	0.0	
SIGN HERE	Signature of plan	administrator		11/13	1 Corol 1	<u> </u>	Sollie C	
	Signature of plan	administrator		Date	Enter name of individ	ual si	gning as plan adı	ministrator
SIGN HERE								
1-300 ROS (1-200)		loyer/plan sponsor		Date	Enter name of individ	ual si	gning as employe	er or plan sponsor
Preparers	name (including firm	n name, if applicable) and addr	'ess; include r	oom or suite numb	er (optional)	Prep	oarer's telephone	number (optional)

P						ı		

Par	t III Financial Information						
7	an Assets and Liabilities (a) Beginning of Yea			ır			(b) End of Year
а	Total plan assets					1772770	
b	l plan liabilities				100		1112110
C	Net plan assets (subtract line 7b from line 7a)						1772770
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	9887	7			(5) 70001
5	(2) Participants	8a(2)	24276			THE STATE OF THE S	
	(3) Others (including rollovers)	8a(3)	23635				
	Other income (loss)	8b	14094		7		3300000 30000
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					718943
	Benefits paid (including direct rollovers and insurance premiums		6-25. UE.		\top		7 10543
	to provide benefits)	8d	16545	8			
and the second	Certain deemed and/or corrective distributions (see instructions)	8e			Ц.,		
	Administrative service providers (salaries, fees, commissions)	8f					
No.	Other expenses	8g	111	3			
	Total expenses (add lines 8d, 8e, 8f, and 8g)		7) (8)18/8/8/				166571
	Net income (loss) (subtract line 8h from line 8c)	_					552372
	Transfers to (from) the plan (see instructions)	· 8j					
Par						n.	
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
	2E 3D 2G 2J 2K 2T		- F - W - E - I - I - I - I				
Ŋ	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan Chara	cterist	ic Cod	es in th	ne instructions:
Part	V Compliance Questions						-
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution CPR 2510.3-102? (See instructions and DOL's Voluntary Fid.	itions within uciary Corr	n the time period described in rection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not i	include transactions reported	10b		х	
C	Was the plan covered by a fidelity bond?		***************************************	10c	х		050000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х	250000
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her person: of the bene	s by an insurance carrier.	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i			
Part						Maria .	
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and con	plete	Sched	lule SB	(Form Yes No
11a	Enter the amount from Schedule SB line 39					11a	
12	ls this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	_	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	Mor	ctions ith_	, and e	enter th	e date of the letter ruling Year
If	If a waiver of the minimum funding standard for a prior year is bei granting the waiveryou completed lines 3, 9, and 10 of Schedu	ng amortiz le MB (For	m 5500), and skip to line 13.	ith			
if	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz le MB (For	m 5500), and skip to line 13.	ith			

N 	Form 5500-SF 2012 Page 3 - 1			
C	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 a negative amount)			71
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [No □ N/A
Part				101
13a	Has a resolution to terminate the plan been adopted in any plan year?	TITI	res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	e control		☐ Yes ☒ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s):	13c(2) E	N(s)	13c(3) PN(s)
				.,,,,,
Part	VIII Trust Information (optional)			100 100
14a	Name of trust	14b T	rust's EIN	