## 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 I	Annual Report Identification Information								
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012				
A This ret	rurn/report is for:	multiple-employer pla	an (not multiemployer)	employer) a one-participant plan					
<b>B</b> This ret	urn/report is: the first return/report the	e final return/report							
	an amended return/report as	short plan year return	/report (less than 12 mo	onths)	)				
C Check b	pox if filing under: Form 5558	utomatic extension			DFVC progra	ım			
	special extension (enter description)								
Part II	Basic Plan Information—enter all requested information	on .							
1a Name	•	J.1.		1b	Three-digit				
	METER & APPLIANCE, INC. PROFIT SHARING 401(K) PLAN				plan number				
					(PN) <b>•</b>	001			
				1c	Effective date of	•			
2a Blon or	poposi's name and address: include room or suite number (omi	alovor if for a single	amplayor plan)	2h	04/01/				
AMERICAN	ponsor's name and address; include room or suite number (emp METER & APPLIANCE, INC.	bloyer, ii for a single-	employer plan)	20	Employer Identification (EIN) 91-07	57152			
				20	Sponsor's telep	hone number			
1001 WEST	LAKE AVENUE NORTH				800-562				
SEATTLE, V				2d	Business code (	see instructions)			
					44311	.1			
3a Plan a	dministrator's name and address 🗵 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's I	EIN			
				30	Administrator's t	telephone number			
				30	Administrators	elepriorie flumber			
	name and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN				
	, EIN, and the plan number from the last return/report. or's name			4c	PN				
	number of participants at the beginning of the plan year			5a		41			
_	number of participants at the end of the plan year			5b		44			
	er of participants with account balances as of the end of the pla			36					
	ete this item)	• •	•	5c		29			
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No			
	ou claiming a waiver of the annual examination and report of an					— — — — — N.			
	29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot					X Yes ∐ No			
	A penalty for the late or incomplete filing of this return/repore alties of perjury and other penalties set forth in the instructions,					able a Schedule			
	edule MB completed and signed by an enrolled actuary, as well								
belief, it is t	true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature.	06/19/2013	EMILY LEE						
HERE		_		نما مند					
	Signature of plan administrator	Date	Enter name of individu	uai Si(	yınıng as pian adn	เทาเจนสเปเ			
SIGN HERE									
	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Date		dividual signing as employer or plan spo Preparer's telephone number (opt					
riepaiei S	name (mouding initi name, ii applicable) and address; include r	oom or suite number	(υμιυπαι)	riep	parer s rereprione	number (optional)			

Form 5500-SF 2012 Page **2** 

Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets	7a	` ' "	2706311			2157004		
	Total plan liabilities	7b	2.000						
	Net plan assets (subtract line 7b from line 7a)	7c	270631	2706311			2157004		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		(u) Amount				(b) Total		
	(1) Employers	8a(1)	4600	00					
	(2) Participants	8a(2)	7133	37					
	(3) Others (including rollovers)	8a(3)	22	20					
b	Other income (loss)	8b	21318	35					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					330742		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	86364	ļ <b>4</b>					
е	Certain deemed and/or corrective distributions (see instructions)	8e	138	81					
f	Administrative service providers (salaries, fees, commissions)	8f	1502	24					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					880049		
	Net income (loss) (subtract line 8h from line 8c)	8i					-549307		
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	٠,							
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 3H 2F	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 fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Dord	V Compliance Questions								
Part	•				Vaa	Na			
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tiono withi	n the time period described in		Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X			
	on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of					Х			
	instructions.)			10e					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		1064		
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a						11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day			
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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):	3c(2) E	IN(s)	<b>13c(3)</b> 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

## 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

2012

This Form is Open to Public Inspection

Pension Be	hefit Guaranty Corporation  Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		SELECTION CONTRACTOR C	<u>Dayler of the second second second</u>
Part I	Annual Report Identification Information						***************************************
For calend	ar plan year 2012 or fiscal plan year beginning 01	/01/2012	and ending		12/31/201	. 2	
A This ret	urn/report is for: 🛛 a single-employer plan 📗 a	multiple-employer pl	an (not multiemployer)	[	a one-partici	pant plan	
B This ret	Gilliopartia.	he final return/report					
	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths	)		
C Check I	DOX II TIIIING GINGGI.	automatic extension			DFVC progr	am	
	special extension (enter description	)		ursuservarumská sláh i		uzwanieno proposowanie - roma	encomplete de la complete de la comp
Part II	Basic Plan Information—enter all requested informati	ion				·	
1a Name	of plan			1b	Three-digit		
Amer	ican Meter & Appliance, Inc.			plan number	00	7	
	it Sharing 401(k) Plan			·····	(PN) 🕨	1	<u></u>
FIOI.	ic Shalling 401(K) Flam			1	Effective date on 04/01/198	,	
2a Plan s	oonsor's name and address; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Nun	nber
Amer	ican Meter & Appliance, Inc.				(EIN) 91-075	7152	***********************
					Sponsor's telep (800) 562		er
1001	Westlake Avenue North				Business code		tions)
0 1		F-1 75	98109		443111	(	,
Seat:	tree dministrator's name and address XSame as Plan Sponsor Na		- w.w.,	3b	Administrator's	EIN	1117/94) (#1849/99) West (#1849/99)
				2			
				JC.	Administrator's	telephone n	umber
A 10.11	Le Più She sterre anno al care de ive de le	at return/report filed fo	r this plan anter the	4b	rihi.		and the state of t
	name and/or EIN of the plan sponsor has changed since the last EIN, and the plan number from the last return/report.	st return/report med to	i tilis piari, enter tile	40	EIN		
	or's name			4c	PN		
	number of participants at the beginning of the plan year		20041210177114714521211812115177711	5a			41
b Total i	number of participants at the end of the plan year			5b			44
	er of participants with account balances as of the end of the pla						
compl	ete this item)			5c			29
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)			X Yes	∐No
b Are yo	ou claiming a waiver of the annual examination and report of ar	n independent qualifie	d public accountant (IQ	PA)		X Yes	Пио
under	29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)			2200	VI 162	Пио
THE STATE OF THE S	answered "No" to either line 6a or line 6b, the plan canno						#19900 CONSTRUCTOR CO.
Caution: A	penalty for the late or incomplete filing of this return/repo	ort will be assessed i	uniess reasonable cau	use is	established.		elan kaalen om on on an on on on on on on on one
Under pen	alties of perjury and other penalties set forth in the instructions, idule MB completed and signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	port, in	cluding, if applications to the best of me	cable, a Sch z knowledge	iedule and
	iquie MB completed and signed by an enrolled actuary, as well irue, correct, and complete.	as the electronic ven	Sion of this retain/repon	t, and	to the best of the	y iaiowioagi.	. (6)15
ponor, 1010			**************************************	<u></u>	۵۰ مختلف کان داختان در ما خاند در در در در میرد در میرد در مورد برد. در در در در در در در در ما خاند در	Maring and American Control of the C	AND CONTRACTOR OF THE PROPERTY
SIGN HERE	End lee	6/18/13	Emily Lee	200-22240000000000000000000000000000000	agi Landinos Anno La Gallando (1900) de la Gallando (1900) de la Gallando (1900) de la Gallando (1900) de la G	eccentral de la companya de la comp	
276IV&n	Signature of plan administrator	Date	Enter name of individ	lual sig	<sub>i</sub> ning as plan ad	ministrator	STANDON SECULO PROCESSIONALE
SIGN			See Allander				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	lual sic	ning as employ	er or plan sp	onsor
Preparer's	name (including firm name, if applicable) and address; include				arer's telephon		
, , , , , , , , , , , , , , , , , , , ,							
							R-000000000000000000000000000000000000
				No.			

Pa	rt III Financial Information		- MAXIMA MARIA COM COMMINISTRA COMPANIONA ACTIVIDA COMPANIONA COMPANIONA COMPANIONA COMPANIONA COMPANIONA COMP		and the second second	e suits annies suits ann e			and an analysis and a second
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End or	Year	
a	Total plan assets	7a	2,70		1	with Althorn Williams		2,15	7,004
b	Total plan liabilities	7b		AND MAKE THE PERSON	T	ekideka Denistria (Se Seeka Co	2022-1001-100-100-100-100-100-100-100-10		
C	Net plan assets (subtract line 7b from line 7a)	7c	2,700	5 <b>,</b> 31	1	***************************************		2,15	7,004
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	Min.			(b) To	tal	
**************************************	Contributions received or receivable from:	İ	and the state of t	occupanto Mensor		000000000000000000000000000000000000000	. Maria de la composición de la compos	2500229744-A SANIONANISHINI IN-LIII	and distribution of the second
cero-enormate with	(1) Employers	8a(1)	CONTRACTOR	6 <b>,</b> 00					озаковићомаћа болабимен отом
***************************************	(2) Participants	8a(2)		1,33		******		Operation with the Control of the Co	
at commence the same	(3) Others (including rollovers)	8a(3)		22	and framework	*****************	makanaki azabi kawar katikata di katikata katika katika		en mandele en activament en entre
b	Other income (loss)	8b	213	3,18	5			gpana: 2:	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Oplicano produce de la compansión de la co		33	0,742
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8 6 3	3,64	4		<u>annilos inscribinis politicis (in 180</u>		
e	Certain deemed and/or corrective distributions (see instructions)	8e		1,38	1			an a sanda da estado do combo el delicido de combo el delicido de combo el delicido de combo el delicido de co	na indianistration (material con
f	Administrative service providers (salaries, fees, commissions)	8f	1	5,02	4	opportunite and the		************************	
9	Other expenses	8g		v2000-00-00-00-00-00-00-00-00-00-00-00-00					Market Control Control
'n	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		and the second		Action of Physics	ajanos na casa na santana na tanàna sa	88	0,049
į	Net income (loss) (subtract line 8h from line 8c)	8i						(549	,307)
7000	Transfers to (from) the plan (see instructions)	8j			an Nation				
Pai	t IV Plan Characteristics	<u>kan an maka an maka</u>		purposeptivitas interessanti	area a successive and a		g.unanac.commonac.nd/26/00/86/65/994		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 3H 2F	feature coo	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:	
d	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructio	ns:	usetta esimente habitata esta esta esta esta esta esta esta
Par	V Compliance Questions			and the second second	-	AND SERVICE AND SE		gualgogia coloniario in comente e in mend	Blackber (Paris) (A. Carlot (Paris)
hoomen	***************************************				Yes	No		Amount	anandahoo oo qoo oo
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu				100			MINOUIL	The state of the s
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest			10a		Х		ning distribution and distribution of the contract of the cont	
	on line 10a.)			10b		Х			
C				10c	Χ	-22		50	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	e equilibre à définit	Х			The second of th
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of					NATIONAL STATEMENT OF THE STATEMENT OF T	DODANI DE LA CONTRACTOR DE		
	instructions.)			10e		Χ			~~~
ş	Has the plan failed to provide any benefit when due under the pla	n?	Name	10f		Х	and the same of th		
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Χ		Special Control of the Control of th	]	10,641
(ACCOUNTS AND ADDRESS OF THE PARTY OF THE PA	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X			
ž	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i		Southern			oblica e a branchistic cobiles e e esperante e esperante
Part				£,	Laurensee		<u></u>	Nation (1997)	***************************************
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							∏Yes	X No
11a	Enter the amount from Schedule SB line 39					11a			anni titalanan mananan mananan amanan menangan
19	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
1.55		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
1 55					and	antar th	ne date of th	e letter ru	ıling
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and	Day		Year	
i e i a i a i a i a i a i a i a i a i a			Mor	rth	, and				
ã	granting the waiver.	e MB (Forr	m 5500), and skip to line 13.	ith	I				

	Form 5500-SF 2012	Page 3 -				
y a	Enter the amount contributed by the employer to the plan	for this plan year		12c	policy galogo-page, an east entire eran	
d	Subtract the amount in line 12c from the amount in line 1 negative amount)	2b. Enter the result (enter a minus sign to the left of	of a	12d		
e	Will the minimum funding amount reported on line 12d be				Yes	No N/A
Part						
Lucianianiania	Has a resolution to terminate the plan been adopted in any p				res X No	)
A.T. Mark Co.	If "Yes," enter the amount of any plan assets that reverte			13a		
b	Were all the plan assets distributed to participants or ber of the PBGC?	neficiaries, transferred to another plan, or brought ເ				Yes X No
C	If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instructi	sferred from this plan to another plan(s), identify thons.)	e plan(s)	lo		
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) PN(s)
**************************************						na de la constanta de la const
						derroaccinade
Part	VIII Trust Information (optional)					
	Name of trust			14b Ti	rust's EIN	