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

2013

This Form is Open to Public Inspection

		Complete all entries in accord	dance with the instruc	ctions to the Form 550	JU-SF.		
Part I		Identification Information					
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/2013	3	and ending	12/31/2	2013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	nonths))	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)			_	
Part II	Basic Plan Info	rmation—enter all requested informa	ation				
1a Name		·			1b	Three-digit	
SEAMETRIC	S RETIREMENT PLAI	N				plan number	
					4-	(PN) •	001
					1C	Effective date of 01/01/	
SEATTLE M	IETRICS, INC.	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-14	
SEAMETRIC					2c	Sponsor's telep	
19026 - 72N KENT, WA 9					2d		(see instructions)
						33990	
3a Plan a	dministrator's name an	id address XSame as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the r	name and/or FIN of the	e plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4h	EIN	
		nber from the last return/report.	ast retain/report med to	or this plan, enter the	40	EIIN	
a Spons	or's name				4c	PN	
5a Total r	number of participants	at the beginning of the plan year			5a		81
b Total r	number of participants	at the end of the plan year			5b		80
		account balances as of the end of the p	• •	•	5c		66
6a Were	all of the plan's assets	during the plan year invested in eligible	le assets? (See instruc	tions.)			X Yes No
,	•	the annual examination and report of a			,		V vos □ No
		Y (See instructions on waiver eligibility at ther line 6a or line 6b, the plan cann					X Yes No
] Nat datamasia.ad
C if the p	pian is a defined benefi	it plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes INO	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return/rep	oort will be assessed	unless reasonable ca	use is	established.	
SB or Sche		ner penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.					
SIGN	Filed with authorized/v	valid electronic signature.	07/25/2014	CAROL M. BUTLER			
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sic	ning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; includ					number (optional)
				,		•	, ,

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.		(b) End of Year					
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella		56457	7	
	Total plan liabilities	7a 7b						_	100 101		
	Net plan assets (subtract line 7b from line 7a)	76 7c	177277	<u>'0</u>		56457	,				
		xpenses, and Transfers for this Plan Year (a) Amount				(b) Total					
	Contributions received or receivable from:		(a) Amount				(D) 1	otai			
	(1) Employers	8a(1)	11319	3							
	(2) Participants	8a(2)	24389)2							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	28556	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	42651		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25896	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	258964	1	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						3	383687	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, oj									
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 instruc	ions):		
b	2E 3D 2G 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					250	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X					
	Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service, or other organization that provides some or all					X					
	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 as	s of year e	end.)	10g		X					
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							ı				
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
110	5500) and line 11a below)								. 03	Ш	140
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDIG 1 -		Ve-	V	NI-
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	⊨RISA?	L	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	ond :	ontor #	o doto of "	20 15	ttor =:	lin ~	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	nth	, and 6	Day	e uate of th	ne ie Yea		ıııg	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46.	1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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С	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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).

2013

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to Public Inspection

Part I		Identification Information	n	a: wtw.				
For calend	ar plan year 2013 or f		1/2013		and ending 1	2/31/	2013	
A This ref	turn/report is for:	X a single-employer plan	am	ultiple-employer pla	n (not multiemployer)		a one-partici	pant plan
B This ref	turn/report is:	the first return/report	he:	final return/report				2 10
		an amended relurn/report	a sh	ort plan year retum/	report (less than 12 m	onths)	II	
C Check	box if filing under:	Form 5558	auto	omatic extension			DFVC progra	am
		special extension (enter desc	cription)					
Part II	Basic Plan Info	ormation—enter all requested in	nformation					
1a Name	50.00 \$40.00MH00		100			1b	Three-digit	
SEAMETRI	CS RETIREMENT PL	AN					plan number (PN) ▶	001
						1c	Effective date o	
SEATTLE N	METRICS, INC.	ddress; include room or suite numb	ber (emplo	oyer, if for a single-e	mployer plan)	2b	Employer Identi	
SEAMETRI						2c	Sponsor's telep	hone number
19026 - 721						2d	(253) 87 Business code	(see instructions)
3a Plan a		and address X Same as Plan Spon	nsor Name	Same as Plan	Sponsor Address	3b	339900 Administrator's	-
		l an l			•	W		
						36	Auministrators	lelephone number
4 If the	name and/or EIN of th	ne plan sponsor has changed since	e the last r	elurn/report filed for	this plan, enter the	4h	EIN	
name	e, EIN, and the plan nu	umber from the last return/report.	15000		The party street are	70	LIN	
	sor's name						PN	
		s at the beginning of the plan year				5a		81
		s at the end of the plan year				5b		80
C Numb	per of participants with plete this item)	account balances as of the end o	of the plan	year (defined benef	it plans do not	5c		66
		ts during the plan year invested in						▼ Yes No
b Are y	ou claiming a waiver	of the annual examination and repo	ort of an in	ndependent qualified	d public accountant (IQ	PA)		
if voi	u answered "No" to	6? (See instructions on waiver eligi either line 6a or line 6b, the plan	nomity and a cannot u	se Form 5500-SF a	and must instead use	Form	5500	X Yes ∐ No
		efit plan, is it covered under the PB						Not determined
Caution:	A penalty for the late	or incomplete filing of this retu	rn/report	will be assessed u	ınless reasonable çaı	ıse is	established.	
Under per	alties of periury and o	ther penalties set forth in the instru	ructions. Lo	declare that I have e	examined this return/rea	nort i	actuding if applie	able, a Schedule
SB or Sch belief, it is	true, serrect, and con	and signed by an enrolled actuary, nplete.	, as well as	s the electronic vers	ion of this return/report	t, and	to the best of my	knowledge and
SIGN HERE	x (ball	MB	,	14 23 W	x, (bool M	λ.,	Beloc	
HEKE	Signature of plan	administrator		Date	Enter name of individ	ual si	gning as plan adı	ministrator
SIGN								
HERE		oyer/plan sponsor		Date	Enter name of individ	ual si	gning as employe	er or plan sponsor
Preparer's	name (including firm	name, if applicable) and address;	include ro	om or suite number	(optional)	Pre	oarer's telephone	number (optional)
39						L		

FULL OF B

Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year			
а	Total plan assets	7a	1772770	-	1		(=/ =:::a	2156	157		
b	Total plan liabilities	7b							· · · · · · · · · · · · · · · · · · ·		
С	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a)						2156457			
8	Income, Expenses, and Transfers for this Plan Year	(b)				otal					
0.00	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount	3	1120		(2) .	otai			
	(2) Participants	8a(2)	24389	2	_						
Announce seem	(3) Others (including rollovers)							****			
b	Other income (loss)	. 8b	285566	3	1				7		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1	100000		6426	51		
d	Benefits paid (including direct rollovers and insurance premiums				1	-		V720	.01		
	to provide benefits)	8d	258964	1							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f_	Administrative service providers (salaries, fees, commissions)	. 8f				51500					
	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	-			102000		258	964		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							383	387		
j	Transfers to (from) the plan (see instructions)	- 8j			3						
Par	t IV Plan Characteristics						114114				
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 Chara	acteris	lic Co	des in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions:			
Par	t V Compliance Questions					-					
10											
10	During the plan year:	CARRELIN AND A			Yes	No		Amoun	t		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Con	ection Program)	10a	Yes	No X		Amoun	t		
а	Was there a failure to transmit to the plan any participant contribu	uciary Con t? (Do not	rection Program)include transactions reported	10a 10b	Yes			Amoun	t		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Con t? (Do not	rection Program)include transactions reported	10b	Yes	х		Amoun			
b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Com t? (Do not	rection Program)include transactions reported	10b 10c		х		Amoun	250000		
b c	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot	uciary Corn t? (Do not	include transactions reported multiple from the following state of	10b		x		Amoun			
b c	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	uciary Con t? (Do not s fidelity bo ther person t of the ben	nction Program)	10b 10c		x		Amoun			
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d e	Was there a failure to transmit to the plan any participant contributed CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plant to the plant have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	t? (Do not t? (Do not s fidelity bo ther person I of the ben an? as of year o	nection Program)	10b 10c 10d 10e 10f		x x x		Amoun			
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a b c d d e e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plants the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer	s fidelity bo ther person of the ben an? (See instricted require)	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	3 (Form				
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e f Part 11	Was there a failure to transmit to the plan any participant contributed CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 total Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	uciary Con t? (Do not t? (Do not s fidelity bo ther person I of the ben as of year of (See instruction 101-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X Schec	X X X X X X A X Indule SE			250000 es		
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6 d d d d d d d d d d d d d d d d d d d	Was there a failure to transmit to the plan any participant contributed CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plants the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 to I Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is be	uciary Con t? (Do not t? (Do not the person I of the ben as of year of (See instruction The require O1-3 The require g requirem v, as applic ing amortiz	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schec	X X X X X X X A X A A A A A A A A A A A	ERISA?	Y Y he letter	250000 es No		
a b c c d d e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contributed CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the planta the planta have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	uciary Con t? (Do not t? (Do not s fidelity bo ther person I of the ben as of year of (See instruction The require O1-3 The require g requirem v, as applic ing amortiz	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schec	X X X X X X A X A A A A A A A A A A A A	ERISA?	□ Y	250000 es No		
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	3					
С	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?		Π,	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)	1111-0
	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?				Пү	es X N
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):	13c(2)	EIN(s)		130	(3) PN(s)
			Taylor .	-		
Part	VIII Trust Information (optional)				.a	
14a I	Name of trust	14b	Trust's	EIN		-