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

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance with	n the instructions to the Form 55	00-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2012	2	and ending	01/31/20	012			
A	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					
	an amended return/report	a short pla	in year return/report (less than 12 i	months)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter descriptio	n)		_	_			
Pa	Int II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b -	Three-digit			
	KE ENGINEERING, INC. DEFINED BENEFIT PLAN			1	plan number			
					(PN) ▶ 001			
				1C I	Effective date of plan 01/01/2009			
2a	Plan sponsor's name and address; include room or suite number (er	mplover if	for a single-employer plan)	2h F	Employer Identification Number			
BUR	KE ENGINEERING, INC.	iipioyei, ii	Tor a single employer plant		EIN) 91-1392158			
				2c S	Sponsor's telephone number			
1208	N. 1ST STREET				509-453-6502			
	MA, WA 98901			2d E	Business code (see instructions)			
				_	541330			
	Plan administrator's name and address (if same as plan sponsor, en E ENGINEERING, INC. 1208 N. 1ST \$.")	3b /	Administrator's EIN 91-1392158			
Dorti	YAKIMA, WA			3c /	Administrator's telephone number			
					509-453-6502			
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	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c PN				
	Total number of participants at the beginning of the plan year				1			
b				- Ou				
	Total number of participants at the end of the plan year			<u>5b</u>				
С	Number of participants with account balances as of the end of the p complete this item)		•	5c				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (l	QPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,		X Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.				
7	Plan Assets and Liabilities		(a) Baginning of Year		/h) End of Voor			
-	Total plan assets	70	(a) Beginning of Year 39468		(b) End of Year			
a b	Total plan liabilities	7a 7b						
C	Net plan assets (subtract line 7b from line 7a)	7 C	39468		0			
8	Income, Expenses, and Transfers for this Plan Year	70			(b) Total			
а	Contributions received or receivable from:		(a) Amount		(b) Total			
-	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
d	Benefits paid (including direct rollovers and insurance premiums	۳٥	39468					
۵	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	33,700					
e f	Administrative service providers (salaries, fees, commissions)	8e 8f						
	,							
g h	Other expenses (add lines 8d, 8e, 8f, and 8d)	8g			39468			
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h o:			-39468			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-00+00			
J	Transfers to (morn) the plan (see matructions)	8j						

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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

 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art		Compliance Questions	ı		ı .					
0		g the plan year:		Yes	No		Α	mou	nt	
а	29 C	there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c		X					
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insura	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X					
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X					
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X					
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI I	Pension Funding Compliance								
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com							⁄es	X No
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						١	⁄es	X No
	If a wa	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiver	ıth							
		empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	406	1				
		the minimum required contribution for this plan year			12b					
		the amount contributed by the employer to the plan for this plan year			12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)		L	12d			1		
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	No		N/A
art	VII	Plan Terminations and Transfers of Assets								
I3a	Has a	resolution to terminate the plan been adopted in any plan year?	<u></u>		X	Yes	No			
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year	1	3a						(
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?	under	the co	ntrol			X	⁄es	No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he plar	n(s) to	1					
1	3c(1) î	Name of plan(s):		13	c(2) [EIN(s)		13	c(3) l	PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	esta	blishe	d.	1		
Jnde	r pena	lities of perjury and other penalties set forth in the instructions, I declare that I have examined this retudule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	ort, ir	cludi	ng, if a	pplicab			
اں ت		adio mo dompioto dana digita by an emicro decidary, as well as the electronic version of this return	Opoil	, unu		, 5001	y Ki	.0 ** 10	age c	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/22/2012	WILLIAM E BURKE
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

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

		Jance Wit	the manuchons to the Form 550	J-01 .	<u></u>			
	rt I Annual Report Identification Information				- Anna Caranta de Cara			
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	2	and ending 0	1/31/	_			
A	his return/report is for:	•	-employer plan (not multiemployer)	a one-participant plan				
В	his return/report is:	the final r	eturn/report					
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	} ,			
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter descriptio	n)						
Pa	rt II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan			1b	Three-digit			
BUR	KE ENGINEERING, INC. DEFINED BENEFIT.PLAN				plan number 001			
				10	(PN) ▶ 001 Effective date of plan			
				10	01/01/2009			
2a BURI	Plan sponsor's name and address; include room or suite number (el KE ENGINEERING, INC.	mployer, it	for a single-employer plan)	2b	Employer Identification Number			
					(EIN) 91-1392158			
				2C	Sponsor's telephone number 509-453-6502			
	N. 1ST STREET			2d	Business code (see instructions)			
YAN	MA WA 98901				541330			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	;")	3b	Administrator's EIN			
SAM	.			3с	91-1392158 Administrator's telephone number			
					509-453-6502			
4	If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	1			
b	Total number of participants at the end of the plan year			5b	0			
С	Number of participants with account balances as of the end of the property complete this item)			5c	**************************************			
	Were all of the plan's assets during the plan year invested in eligible			<u> </u>	X Yes No			
_	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	and condit	ions.)		X Yes No			
E-201_2-2-2-5	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
⊩Pa -	rt III Financial Information	I Caraca de la composi						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets	<u>7a</u>	. 39468		0			
þ	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	39468		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1.4698	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		10				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
d	Benefits paid (including direct rollovers and insurance premiums	- 60	TO LANGUAGE TO SAME OF THE STREET CONTROL OF THE SAME					
***	to provide benefits)	8d	39468					
е	Certain deemed and/or corrective distributions (see instructions)	8e		48				
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	. 8g	ANGERTH (ANNER) AND LONG STATE OF THE COMMENTS OF THE COMMENT	545 548				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			39468			
i	Net income (loss) (subtract line 8h from line 8c)				-39468			
j	Transfers to (from) the plan (see instructions)	8i		12				

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D	- r	IV.	,	Plan Characteristics
-	7		110	Pian Unaractoristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

			_								
art	V Compliance Questions										
10	During the plan year:				Yes	No		An	nount		
а	Was there a failure to transmit to the plan any participant contributions wi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C			10a		Х					
	Were there any nonexempt transactions with any party-in-interest? (Do n on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?		10c		Х						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		Х								
	Were any fees or commissions paid to any brokers, agents, or other pers insurance service or other organization that provides some or all of the brinstructions.)		Х								
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	ar end.)		10g		Х					
	If this is an individual account plan, was there a blackout period? (See in: 2520.101-3.)		3	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3			10i		Х					
art	VI Pension Funding Compliance										
	Is this a defined benefit plan subject to minimum funding requirements? ([Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding require	ements of section	412 of the Code	or se	ction 3	302 of	ERISA?	[Yes	⊠ No	
	(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 amorgranting the waiver.										
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (i			.,				_ '`	, ui		
b	Enter the minimum required contribution for this plan year					12b					
C	Enter the amount contributed by the employer to the plan for this plan year	ar			L	12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the resnegative amount)				[12d					
е	Will the minimum funding amount reported on line 12d be met by the fund	ding deadline?					Yes		No	N/A	
art	VII Plan Terminations and Transfers of Assets	-									
13a	Has a resolution to terminate the plan been adopted in any plan year?					Х	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year		1	3a				0		
b	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?								X Yes	∏ No	
С	C 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):			ļ	13c(2) EIN(s)				13c(3) PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report wil	Il he assessed i	nless reasonabl	le car	ıse ic	estah	lished	1			
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as th it is true, correct, and complete.	clare that I have e	xamined this retu	ırn/rep	oort, ir	ncludir	ng, if app				
SIGN	Wan G Bull	4-26-11	2 WILLIAM E BUI	RKE							
HER		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Enter name of in		ual sig	ning a	s plan a	dminis	strator		
SIGN							-				
HER		Enter name of in	individual signing as employer or plan sponsor						onsor		