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).

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OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance witi	1 the instructions to the Form 55	00-5F.		
Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011	
Α .	s return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan					
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter descriptio					
Do	<u>_</u>	,				
		ation		1h	There die:	
	Name of plan FIC ENGINEERING DESIGN, LLC 401(K) PLAN				Three-digit plan number	
1 AOI	TIO ENGINEERING BEGION, EEO 40 I(N) I EAN				(PN) ▶ 001	
				1c	Effective date of plan	
					01/01/2006	
2a	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)		Employer Identification Number	
PAC	IFIC ENGINEERING DESIGN, LLC				(EIN) 91-2091084	
				2c	Sponsor's telephone number	
	BOX 24060			0-1	206-431-7970	
FEDE	ERAL WAY, WA 98093-1060			2 a	Business code (see instructions) 541330	
32	Plan administrator's name and address (if same as plan sponsor, er	otor "Como	,")	3h	Administrator's EIN	
	FIC ENGINEERING DESIGN, LLC P.O. BOX 240		;)	30	91-2091084	
	FEDERAL WA	AY, WA 98	8093-1060	3с	Administrator's telephone number	
					206-431-7970	
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	-				13	
b				- Ou	10	
	Total number of participants at the end of the plan year			5b	10	
С	Number of participants with account balances as of the end of the p complete this item)			. 5c	10	
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No	
b	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		•		X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
Pa	rt III Financial Information		T			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	. 7a	663904		637025	
b	Total plan liabilities	. 7b				
C	Net plan assets (subtract line 7b from line 7a)	7c	663904		637025	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:	90(4)				
	(1) Employers	8a(1)	7800			
	(2) Participants	8a(2)	7000	_		
L	(3) Others (including rollovers)	8a(3)	-28678			
b	Other income (loss)		-20070		-20878	
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-20076	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	941			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g	5060			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6001	
i	Net income (loss) (subtract line 8h from line 8c)				-26879	
j	Transfers to (from) the plan (see instructions)					
-		· ~,	1			

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Part IV	Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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2E 2F 2G 2J 2K 2T 3D

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							
0	During the plan year:		Yes	No		Amo	unt	
а	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				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Χ				10	000000
d	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				
е	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				
İ	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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	lule SE	3 (Form	. 🔲	Yes	X No
2	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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon	th						
-	rou 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		Γ	12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	N	lo	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?				'es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					1. 1	- 0 :	4
B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returnated the Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returnate, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	06/07/2012	JOANN DIENER
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

	rt I Annual Report Identification Information				
Ford		/01/20			12/31/2011
A 1	This return/report is for: X a single-employer plan a	a multiple-	employer plan (not multiemployer)		a one-participant plan
Вт	This return/report is: The first return/report the	he final re	turn/report		
		short plar	n year return/report (less than 12 mo	onths)	
C c			extension	ſ	DFVC program
	special extension (enter description	1)			-
Þэ	rt II Basic Plan Information—enter all requested informat				
	Name of plan			1b	Three-digit
	Pacific Engineering Design, LLC 401(k) Pl	.an			plan number
•					(PN) ▶ 001
				1c	Effective date of plan 01/01/2006
n_	Discourse of address include upon a suffer your box (one	nlover if	for a single ampleyor plan)		
	Plan sponsor's name and address; include room or suite number (em Pacific Engineering Design, LLC	трюуег, я	for a single-employer plant)		Employer Identification Number (EIN) 91-2091084
	1001110 Manganoorang menagan, ——1				Sponsor's telephone number
	•				(206) 431-7970
	P.O. Box 24060			2d	Business code (see instructions)
	Federal Way		WA 98093-1060		541330
	Plan administrator's name and address (if same as plan sponsor, ent	ter "Same	")	3b	Administrator's EIN
	Same			3c	Administrator's telephone number
4	if the name and/or EIN of the plan sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.		·	4c	DN
	Sponsor's name Total number of participants at the beginning of the plan year	···			13
5a				5a	10
b	Total number of participants at the end of the plan year			5b	10
С	Number of participants with account balances as of the end of the pl complete this item)	an year (c	nelined benefit plans do not	5с	10
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accountant (IQ	PA)	a. a.
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a				X Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	or and must instead use Form 55	vu.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
· .	Total plan assets	7a	(a) Degining of Year 663, 90)4	637,025
a b	· ·	7b			<u> </u>
C	Net plan assets (subtract line 7b from line 7a)	7c	663,90)4	637,025
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
a	Contributions received or receivable from:		(a) runcult	\top	
	(1) Employers	8a(1)			
	(2) Participants	8a(2)	7,8	<u> </u>	
	(3) Others (including rollovers)	8a(3)		_	
b	` '	8b	(28,67)	3)	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		76.5 5.60	(20,878)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9.	±1	
е	Certain deemed and/or corrective distributions (see instructions)	8e		_	
f	Administrative service providers (salaries, fees, commissions)	8f			erande en fan de Steam De Steam fan Stea De steam fan Steam f
g	Other expenses	8 g	5,0	50	
h		8h			6,001
i	Net income (loss) (subtract line 8h from line 8c)	8i			(26,879)
j	Transfers to (from) the plan (see instructions)	8j			

	Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	V Compliance Questions									
10	During the plan year:			Yes	No	A	mount			
а		s within the time per y Correction Progra	iod described in m)1	0a	х					
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)		0b	х						
С	Was the plan covered by a fidelity bond?		1	Oc X		1,000,0				
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	***************************************		0d	x	х				
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.)	e benefits under the	plan? (See	0e	х					
f	Has the plan failed to provide any benefit when due under the plan? .		<u>l</u> 1	0f	Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	1	0g	Х					
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)			0h	Х					
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.			l0i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))						Yes X No			
12	Is this a defined contribution plan subject to the minimum funding req	uirements of section	1 412 of the Code o	r section	302 o	fERISA?	Yes X 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 a granting the waiver	mortized in this plar	Month	ons, and	enter f	the date of the	e letter ruling /ear			
b	Enter the minimum required contribution for this plan year				12b					
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 negative amount)				12d					
e	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					- 1775-277-				
	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 emp	loyer this year		13a						
	Were all the plan assets distributed to participants or beneficiaries, tra	F1+411+1+++++++++++++++++++++++++++++++		**********			Yes X No			
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the				T			
13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PN(s)				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
							ala a Schadula			
SBo	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIC	N Bann Diener	5/29/2012	JoAnn Diene	r						
HE					ndividual signing as plan administrator					
616	IGN Collenn Science 5/29/2012 JoAnn Diener									
HEI		Date	Enter name of inc	lividual s	igning	as employer o	or plan sponsor			
R										

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