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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

		uance with	ii the instructions to the Form 5500	-эг.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011			
Α	This return/report is for:	a multiple	e-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	an year return/report (less than 12 mo	nths)				
С	Check box if filing under: Form 5558	extension		DFVC program				
	special extension (enter description	on)			_			
Pa	art II Basic Plan Information—enter all requested inform	ation				_		
1a	Name of plan			1b	Three-digit			
	ERT ENGINEERING, INC. 401(K) PROFIT SHARING PLAN				plan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
					01/01/1998			
	Plan sponsor's name and address; include room or suite number (e PERT ENGINEERING, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
KOI	ENT ENGINEERING, INC.		-		(EIN) 91-1187260			
				2C	Sponsor's telephone number 253-833-7776			
) WEST VALLEY HIGHWAY FE 101		-	24				
	URN, WA 98071			Zū	Business code (see instructions) 541330			
32	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	۵"۱	3h	Administrator's EIN			
	ERT ENGINEERING, INC. 1519 WEST	35	91-1187260					
	SUITE 101 AUBURN, W	/A 98071			Administrator's telephone number	er		
_				253-833-7776				
4	If the name and/or EIN of the plan sponsor has changed since the I name, 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		ç		
b	Total number of participants at the end of the plan year		-	5b		9		
С			<u> </u>					
	complete this item)			5c		(
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes	No		
b	3							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		X Yes [No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Formattill Financial Information	orm 5500-	SF and must instead use Form 550	υ.				
					, , <u> </u>			
7	Plan Assets and Liabilities	_	(a) Beginning of Year 574690		(b) End of Year 590605			
a	·		374030					
b	F 10 10 10 10 10 10 10 10 10 10 10 10 10		574690		590605			
<u>c</u>		. 7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)	1048					
	(2) Participants	8a(2)	5242					
	(3) Others (including rollovers)	8a(3)						
b		8b	25121					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				31411			
d		- 60			-			
u u	to provide benefits)	. 8d	15496					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f						
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			15496			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			15915			
j	Transfers to (from) the plan (see instructions)	8j						

Form	5500-	SF	201

Page	2	- [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: 2A 2E 2F 2J 2K 2R 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Am	ount	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					300
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3				Yes	X
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			302 of I	ERISA?	[
(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 instru	ctions,	and e	302 of I	ERISA?		tter rul	ing
(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	ctions,	and e	302 of I	ERISA?		tter rul	ing
(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 instru granting the waiver	ctions, nth	and e	302 of I	ERISA?		tter rul	ing
(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 instru	ctions,	and e	302 of I enter th Day	ERISA?		tter rul	ing
(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 instru granting the waiver. Mor you 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.	ctions, th	and e	302 of I enter th Day	ERISA?		tter rul	ing
(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 instru granting the waiver. Mor you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a	and e	202 of lenter the Day 12b 12c 12d	ERISA?	of the le	tter rul	ing
(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 instru granting the waiver	of a	and e	202 of lenter the Day 12b 12c 12d	ERISA?	of the le	tter rul	ing
(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 instru granting the waiver	of a	and 6	12b 12c 12d	e date d	of the le	tter rul	ing
(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 instru granting the waiver. Mor you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date d		tter rul	ing
(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	of a	and e	12b 12c 12d	e date d	of the le Yea	tter rul	ing
(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 instru granting the waiver	of a	and e	12b 12c 12d	e date d	of the le Yea	tter rul	ing
(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. Mor you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d	e date o	of the le_Yea	tter rul	ing N
(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 instru granting the waiver. Mor you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	of a	and e	12b 12c 12d	e date o	of the le_Yea	ves	ing N

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.

SIGN	Filed with authorized/valid electronic signature.	07/12/2012	JB RUPERT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/12/2012	JB RUPERT
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation	► Complete all entries in accord	ance with t	the instructions to the Form 5500	-SF.				
P	art I Annual Report	Identification Information							
-	the calendar plan year 2011 or		01/01/	2011 and ending	12,	/31/2011			
Δ	This return/report is for:	x a single-employer plan	a multiple-e	mployer plan (not multiemployer)	Γ	a one-participa	ant plan		
			the final retu	rn/report	-	• • •	•		
D	This return/report is:	□ ······ <u>□</u>		year return/report (less than 12 mor	tha)				
			•		IIIIS) [-] 5540			
С	Check box if filing under:	☐ Form 5558	automatic e	xtension	L.	DFVC prograr	n		
		special extension (enter description)							
P	art II Basic Plan Info	ermation enter all requested inform	mation.						
	Name of plan					Three-digit			
	RUPERT ENGINEERING.	INC. 401(K) PROFIT SHARING	PLAN		•	olan number PN) ▶	001		
	1.01 2.1.					Effective date of	plan		
					C	01/01/1998			
2a		lress; include room or suite number (em	ployer, if for	single-employer plan)	2b E	Employer Identif	ication Number		
	RUPERT ENGINEERING,	INC.			(EIN) 91-118	37260		
						•	elephone number		
	1519 WEST VALLEY HIG	SHWAY				(253) 833-7			
	SUITE 101					Business code (: 5 41330	see instructions)		
_	AUBURN	WA 98071							
3 a	Plan administrator's name an Same	d address (If same as plan sponsor, ente	er "Same")		30 /	Administrator's E	=IIN		
	Same								
					3c Administrator's telephone number				
4	If the name and/or EIN of the	plan sponsor has changed since the las	t return/repo	ort filed for this plan, enter the	4b 6	EIN			
_		ber from the last return/report.			4c PN				
a		at the beginning of the plan year			. 5a 9				
b		at the end of the plan year			5b		9		
C		account balances as of the end of the pla			_				
	complete this item)				5c		9 —		
6a		during the plan year invested in eligible a			• • •		X Yes No		
b	Are you claiming a waiver of	the annual examination and report of an (See instructions on waiver eligibility and	independen Londitions	t qualified public accountant (IQPA)			X Yes No		
		her 6a or 6b, the plan cannot use Forn							
P	art III Financial Infor								
- 7	Plan Assets and Liabilities		100 AND 100 AN	(a) Beginning of Year	T	(b) End	of Year		
a			. 7a	574,690			590,605		
a b	·		. 7b						
C		7h from line 7a)	. 7c	574,690			590,605		
8	Income, Expenses, and Tran			(a) Amount		(b)	Total		
а									
	(1) Employers		. 8a(1)	1,048					
	(2) Participants		. 8a(2)	5,242					
	(3) Others (including rollove	rs)	. 8a(3)						
b	, ,		. 8b	25,121					
C), 8a(2), 8a(3), and 8b)	. 8c				31,411		
d		t rollovers and insurance premiums	. 8d	15,496					
_		ective distributions (see instructions)							
e									
f	•	lers (salaries, fees, commissions)	. 8g		100				
9		I, 8e, 8f, and 8g)					15,496		
h :	· ·	ne 8h from line 8c).					15,915		
		see instructions)	. 81	- (Barris and Barris a					
	Cansiers to Highlian Institution (SEE CISHIB CHUIS!	01		1,000,000		The second secon		

		Form 5500-SF 2011	Paç	ge 2-						
Par	+ 11	/ Plan Characteristics								
9a	If th	ne plan provides pension benefits, enter the applicable pension feature 2A 2E 2F 2J 2K 2R 3D ne plan provides welfare benefits, enter the applicable welfare feature of								
Day	+ 1	/ Compliance Questions				*****				
<u>10</u>		During the plan year:				Yes No)	Α	mount	
a b	V	Vas there a failure to transmit to the plan any participant contributions verse from the plan any participant contributions verse from the plan and DOL's Voluntary Fiduciary Control of the plant of th	Correction Program)		10a	х				
	C	on line 10a.)			10b	X				
С	٧	Vas the plan covered by a fidelity bond?			10c	х		_		30,000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	y bond, that was cau	sed by fraud	10d	к				·
е	i	Were any fees or commisions paid to any brokers, agents, or other personsurance services or other organization that provides some or all of the instructions.)	sons by an insurance benefits under the	olan? (See	10e	K	:			
f		Has the plan failed to provide any benefit when due under the plan?			10f	K	:			
g		Did the plan have any participant loans? (If "Yes," enter amount as of y		i i	10g	3	:			
h	1 2	f this is an individual account plan, was there a blackout period? (See i	instructions and 29 C	FR	10h	3	c			
i	(f 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one o	of the	10i					
Pai	rt \	Pension Funding Compliance s this a defined benefit plan subject to minimum funding requirements'								
12 a	1	Is this a defined contribution plan subject to the minimum funding requition [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 an granting the waiver	.) nortized in this plan y	rear, see instructio	ns, aı	nd enter t	he date	of the I	etter rulin	g
		Enter the minimum required contribution for this plan year				. 12	b			
r		Enter the amount contributed by the employer to the plan for this plan y				12	c c	· ,		
c	ł	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus	sign to the left of	a • •	. 12	:d			
e	•	Will the minimum funding amount reported on line 12d be met by the fo	unding deadline? .	<u> </u>			<u>. Ц</u>	Yes	∐No	□N/A
Pai	rt \	/II Plan Terminations and Transfers of Assets								
138		Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year		• •	13	a	• •	Ye	s X No
	•	Were all the plan assets distributed to participants or beneficiaries, trar of the PBGC?							. <u>\</u> Ye	s XNo
		which assets or liabilities were transferred. (See instructions.)			Ι				T	
	13	Sc(1) Name of plan(s):				13c(2) EIN(s))	13c(3) PN(s)
								·····		
		n: A penalty for the late or incomplete filing of this return/report wi								
SB	or S	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t t is true, correct, and complete.	clare that I have exa the electronic version	mined this return/r of this return/repo	eport ort, an	, including nd to the l	g, if appl pest of m	licable, ny knov	a Schedu vledge an	d d
				JB RUPERT					****	
100	IGN ER		Date 6.25-12	Enter name of inc	dividu	al signino	as plan	admin	istrator	1
	IGN	The state of the s	V . V V.			¥				
	. 48									

Date 6.26.12 Enter name of individual signing as employer or plan sponsor

SIGN

HERE Signature of employer/plan sponsor