## 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	dance with	n the instructions to the Form 55	00-SF.				
Pá	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011			
Α .	This return/report is for:   X a single-employer plan	a multiple-employer plan (not multiemployer)						
В .	This return/report is:	the final re	eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)				
C	Check box if filing under: X Form 5558	extension		DFVC progra	m			
	special extension (enter descriptio	n)						
Pa	irt II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan			1b -	Three-digit			
BURG	GESS ENTERPRISES, INC. PROFIT SHARING PLAN & 401(K) PLA	AN			plan number			
					(PN) •	001		
				10	Effective date of 07/01/	•		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b [	Employer Identif	ication Number		
BUR	GESS ENTERPRISES, INC.			(	EIN) 91-08	60777		
				2c 3	<b>2c</b> Sponsor's telephone number 206-763-0255			
1000 SUIT	SW 34TH STREET BLDG 102			24 1				
	FON, WA 98055			Zu	3usiness code (3 42340	see instructions)		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	:")	3b /	Administrator's E			
BURG	GESS ENTERPRISES, INC. 1000 SW 34T SUITE A	H STREE	T BLDG 102	0 -	91-0860777			
	RENTON, WA	A 98055		3C /	Administrator's t 206-763	elephone number 3-0255		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			40	DNI			
	Sponsor's name			PN T				
	Total number of participants at the beginning of the plan year		- Ou		2			
b	Total number of participants at the end of the plan year		- 5b		1			
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		1		
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a					Vaa □ Na		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes   No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	)rm 5500-	SF and must instead use Form 5	<del>500.</del>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vear		
a	Total plan assets	7a	94654		(b) Liid	25970		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	94654			25970		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	077					
b	Other income (loss)	8b	277			277		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				277		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	68961					
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				68961		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-68684		
j	Transfers to (from) the plan (see instructions)	8i						

Form		

Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3E
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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)							
FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	$\overline{}$	Yes	No		Ar	nount	
	10a		X				
	10b		X				
the plan covered by a fidelity bond?	10c	X					25000
ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
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				
he plan failed to provide any benefit when due under the plan?	10f		X				
ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
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						
Pension Funding Compliance							
s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X N
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 instruc				ne date	of the	etter ru	lina
ing the waiverMon Impleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						ar	
impleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			ar	
the amount contributed by the employer to the plan for this plan year		[				ear	
the amount contributed by the employer to the plan for this plan year	 of a	[	12b			ear	
the minimum required contribution for this plan year	of a	[	12b 12c 12d		Ye	No	
the minimum required contribution for this plan year	of a	[	12b 12c 12d		Ye		
the minimum required contribution for this plan year	of a		12b 12c 12d		Ye		
the minimum required contribution for this plan year	of a		12b 12c 12d	Ye	Ye		
the minimum required contribution for this plan year	of a		12b 12c 12d	Ye	s No	No	N/A
the minimum required contribution for this plan year	of a		12b 12c 12d 	Ye	s No	No	N/A
the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Ye Yes	s No	No Yes	
th th activ	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. The minimum required contribution for this plan year.  The amount contributed by the employer to the plan for this plan year.  The amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left e amount).  The minimum funding amount reported on line 12d be met by the funding deadline?	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  The minimum required contribution for this plan year	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  The minimum required contribution for this plan year	g the waiver	the waiver	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  The minimum required contribution for this plan year	g the waiver

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.	10/12/2012	ROBERT BURGESS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/12/2012	ROBERT BURGESS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

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## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

1110	Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.	
	Part I Annual Report Identification Information r the calendar plan year 2011 or fiscal plan year beginning				-
_		-	1/2011 and ending	1	2/31/2011
	This return/report is for:	 3	-employer plan (not multiemployer)		a one-participant plan
	This return/report is: the first return/report	7	eturn/report		
_	an amended return/report	a short pl	an year return/report (less than 12 mon	ths)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter description	1)			
P	art II Basic Plan Information enter all requested information	rmation.			
1a	Name of plan			1b	Three-digit
	Burgess Enterprises, Inc. Profit Sharing Plan	& 401(R)	Plan		plan number (PN) ► 001
				1c	Effective date of plan
-					07/01/1976
2a	Plan sponsor's name and address; include room or suita number (emp Burgess Enterprises, Inc.	oloyer, if for	single-employer plan)	2b	Employer Identification Number
	The state of the s				(EIN) 91-0860777
				2¢	Plan sponsor's telephone number
	1000 SW 34TH STREET BLDG 102 SUITE A			<b>~</b>	(206) 763-0255
US				20	Business code (see instructions) 423400
3a		r "Same")		3h	Administrator's EIN
	Same	,		50	Administrator à EIN
				20	
				JC	Administrator's telephone number
4	If the name and/or FIN of the plan spaces has absent allows the				
•	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	return/repo	of filed for this plan, enter the	4b	EIN
	Sponsor's Name			4c	PN
5a	* . Present a series poditività or the brait year			5a	21
b C	Total number of participants at the end of the plan year		• • • • • • • • • • • •	<u>5b</u>	19
	complete this item)	i Aéat (dem	led benefit plans do not	5c	19
6a	were all of the plan's assets during the plan year invested in eligible as	ssets? (See	instructions.)		
b	Are you claiming a waiver of the annual examination and report of an in	ndependen	qualified public accountant (IQPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form	conditions.	)		X Yes No
Pa	irt III Financial Information	3300-5F a	nd must instead use Form 5500.		
7	Plan Assets and Liebilities	all in the state of the state of	(a) Beginning of Year	Т	(h) P 1 . £ \
а	Total plan assets	. 7a		+	(b) End of Year
b	Total plan liabilities	7b	94,654		25,970
C	Net plan assets (subtract line 7b from line 7a)	7c	04 654	+	
8	Income, Expenses, and Transfers for this Plan Year	4.73	94 , 654 (a) Amount	+-	25,970
a	Contributions received or receivable from:		, , , , , , , , , , , , , , , , , , ,	plant of	(b) Total
	(1) Employers	8a(1)			
	(2) Participants (3) Others (including rollovers)	8a(2)			
b	Other income (loss)	8a(3)		<b>基語</b>	
C	Talatinaanse (nebitinaa gada) a dat a dat	8b	277	150 to 1	The said of the statement of the said said to the said said of the said said said said said said said said
d	Benefits paid (including direct rollovers and insurance premiums	8¢	A Company of the Comp	Saladio	277
	to provide benefits)	8d	68,961		
ę	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			277
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	And the second of the second o		68,961
1	Net income (loss) (subtract line 8h from line 8c)	8i	Annual control of the second o		(68,684)
1	Transfers to (from) the plan (see instructions)	8j			the property of the second to
401	Paperwork Reduction Act Notice and OMB Control Numbers, see t	he instruct	ions for Form 5500-SF.		Form 5500-SF (2011)

	Form 5500-SF 2011		Page <b>2-</b>						
Par	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension  2E 2F 2G 2J 2K 3E  If the plan provides welfare benefits, enter the applicable welfare f								
	it the plant provides werrale beliefts, after the applicable werrale i	eature codes nom the	List of Flatt Characters	anc ooc	es iii (	110 11130	accours.		
Par	tV Compliance Questions								
10	During the plan year:				Y03	No		Amount	
a b	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest.)	luciary Correction Pro	nam)	. 10a		х			
	on line 10a.)	<i></i> .		- 106		x			
C	Was the plan covered by a fidelity bond?			. 10c	x				250,000
d	Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelity bond, that w	as caused by fraud	- 10d		х			
е	Were any fees or commissions paid to any brokers, agents, or of insurance services or other organization that provides some or (instructions.)		r the plan? (See	10e		ж			
f	Has the plan failed to provide any benefit when due under the p			. 10f		х			•
g	Did the plan have any participant loans? (If "Yes," enter amount			· 10g		x			
h	, , , , , , , , , , , , , , , , , , , ,	? (See instructions an	29 CFR	. 10h		×	A control of the cont	do Z Tal Saryak was	
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required notice o	one of the	. 10i			or and the second secon		yalinanina dayada Addisoning dayada Addisoning dayada
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding require 5500))							Yes	x No
12 a	Is this a defined contribution plan subject to the minimum fundir (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applif a waiver of the minimum funding standard for a prior year is bigranting the waiver	olicable.) eing amortized in this	plan year, see instructi	ons, and	i enter	the da	ite of the le	tter ruling	<b>IX</b> No
If :	you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Form \$500), a	and skip to line 13.		_				
ь	Enter the minimum required contribution for this plan year				·  _	12b			
C	Enter the amount contributed by the employer to the plan for thi				·  _	12c			
d	Subtract the amount in line 12c from the amount in line 12b. En negative amount)				- L	12d	□Yes	По	□N/A
Part	WID the minimum funding amount reported on line 12d be met by MIP Plan Terminations and Transfers of Ass		· · · · · · ·	• •	<u> </u>		L		time!
	Has a resolution to terminate the plan been adopted in any plan							X Yes	No
104	If "Yes," enter the amount of any plan assets that reverted to the					13a	· · ·	. 121, 144	0
<u>b</u>							L		· ·
	of the PBGC?  If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)						• • •	,Yes	ЖNo
	13c(1) Name of plan(s):				13	¢(2) E	IN(s)	13c(3)	) PN( <u>s)</u>
		X ************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Cauti	on: A penalty for the late or incomplete filing of this return/re	nort will be assesse	f unless reasonable r	auge la	estab	lished			
Unde SB or	r penalties of perjury and other penalties set forth in the instruction Schedule MB completed and signed by an enrolled actuary, as w	ış, I declare that I hav	e examined this return	report, i	ncludir	ng, if a	oplicable, a		
	it is true, correct, and correction	- IA II	/3-3 / -					·	
SIG	No. of the second secon	- 10-11-	Robert Bur					internal	
(24) e	Signature of plan administrator	Date	Enter name of		ai signi	ng as i	pian admini	strator	
1. 3.41		1/1	Robert Bur					·	······································
HE	Signature of employer/plan sponsor	Date/ 0-/	-/Enter name of	individua	al signi	ng as	employer o	r plan spons	sor .

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