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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Identification Information								
For calend	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/18/2012								
A This re	turn/report is for:	multiple-employer pla	an (not multiemployer)	ot multiemployer) a one-participant plan					
B This re	turn/report is:	e final return/report							
	an amended return/report X as	short plan year return	/report (less than 12 mo	onths)					
C Check	box if filing under: Form 5558		DFVC program						
special extension (enter description)									
Part II	Basic Plan Information—enter all requested information	on							
1a Name	· · · · · · · · · · · · · · · · · · ·	-		1b Three-digit					
BURGESS I	ENTERPRISES, INC. PROFIT SHARING PLAN & 401(K) PLAN			plan number					
				(PN)	001				
		1c Effective date	e of plan 01/1976						
2a Plan s	ponsor's name and address; include room or suite number (emp	plover if for a single-	employer plan)	2b Employer Ide					
BURGESS	ENTERPRISES, INC.	oloyon, ii ron a olingio v	simple year planty		0860777				
				2c Sponsor's tel	ephone number				
	TH STREET BLDG 102				763-0255				
SUITE A RENTON, V	VA 98055				e (see instructions)				
		——————————————————————————————————————			3400				
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b Administrator	's EIN				
				3c Administrator's telephone numb					
1 15 41	ware and/or CIN of the plan arrange has absenced alread the last			41					
	name and/or EIN of the plan sponsor has changed since the last s, EIN, and the plan number from the last return/report.	t return/report filea to	r this plan, enter the	4b EIN					
	or's name			4c PN					
5a Total	number of participants at the beginning of the plan year			5a	19				
b Total	number of participants at the end of the plan year			5b	0				
C Numb	per of participants with account balances as of the end of the pla	n year (defined bene	fit plans do not						
comp	lete this item)			5c	0				
	all of the plan's assets during the plan year invested in eligible				X Yes No				
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No				
	answered "No" to either line 6a or line 6b, the plan cannot				<u> </u>				
	A penalty for the late or incomplete filing of this return/repor								
	alties of perjury and other penalties set forth in the instructions,				licable, a Schedule				
SB or Scho	edule MB completed and signed by an enrolled actuary, as well								
belief, it is	true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature.	01/19/2013	ROBERT BURGESS						
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan a	administrator				
SIGN	Filed with authorized/valid electronic signature.	01/19/2013	ROBERT BURGESS	- <u>J</u> <u>J p</u>					
HERE				war ar plan ananaar					
Preparer's	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Date oom or suite number		vidual signing as employer or plan sponsor Preparer's telephone number (optional)					
.,	, and 3 and a promotion of the control of the contr		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,	(-[
			_						

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or .			(b) En	d of V	oar	
<u>,</u>	Total plan assets	7a	(a) Beginning of Tea				(D) LII	<u>u 01 1</u>		0
	Total plan liabilities	7b	2001							
	Net plan assets (subtract line 7b from line 7a)	7c	2597	' 0						0
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(h)	Total		
	Contributions received or receivable from:		(a) Amount				(D)	TOtal		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2592	!1						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	5	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2597	1
	Net income (loss) (subtract line 8h from line 8c)	8i							-2597	0
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	٠,								
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:		
Part	•					Ι				
10	During the plan year:			1	Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	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	X					250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^				
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?	📗	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				-			
b	Enter the minimum required contribution for this plan year					12b				

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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?	X	res 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 of the PBGC?	control		X Yes	No
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) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P	art I Annual Report	Identification Information	ruance with the motion	to the Form cook	J-01.			
	calendar plan year 2012 or fis		01/01/2012	and ending	12/18/2012			
A	This return/report is for:	x a single-employer plan	a multiple-employer pl	n (not multiemployer) a one-participant plan				
В	This return/report is:	eport is: the first return/report the final return/report						
	the state of the s		=	n/report (less than 12 me	onths)			
C	Check box if filing under:	☐ Form 5558	automatic extension		DFVC program			
	Official box if filling drider.	special extension (enter description)						
D	ant III Denie Blem Infe							
	art II Basic Plan Info	ormation enter all requested info	ormation		1b Three-digit	T		
ıu					plan number			
	Burgess Enterprises	s, Inc. Profit Sharing Pl	an & 401(K) Plan		(PN) ▶	001		
					1c Effective date 07/01/1976	•		
2a	Plan sponsor's name and ac Burgess Enterprises	ddress; include room or suite number	(employer, if for a single-	employer plan)	2b Employer Iden	tification Number		
	Durgess Enterprise.	3, 1110.			(EIN) 91-08			
					2c Sponsor's tele (206) 763-			
	1000 SW 34TH STREE! SUITE A	F BLDG 102			2d Business code			
US	RENTON	WA 98055			423400	(222)		
_		and address X Same as Plan Spons	sor Name Same as F	Plan Sponsor Address	3b Administrator's	s EIN		
					3c Administrator's	s telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN					4b EIN			
	name, EIN, and the plan number from the last return/report.							
a	Sponsor's name				4c PN			
5a		at the beginning of the plan year			5a	19		
b		s at the end of the plan year			5b	0		
С		account balances as of the end of the			5c	0		
6a		s during the plan year invested in eligit				X Yes No		
b	Are you claiming a waiver of	f the annual examination and report of	f an independent qualifie	d public accountant (IQF	PA)			
		? (See instructions on waiver eligibility			•••••••••	X Yes No		
_		ither line 6a or line 6b, the plan can						
		or incomplete filing of this return/r	-					
		other penalties set forth in the instruction and signed by an enrolled actuary, as						
	elief, it is true, correct, and con		wen as the electronic ve	ision of this retaininepon	i, and to the best of fi	iy knowledge and		
5	SIGN	Bern		ROBERT BURGESS				
	IERE Signature of plan adn	ninistrator	Date /2-3/-/>	Enter name of individua	al signing as plan adn	ninistrator		
•	SIGN I	2						
	IERE Signature of employe	er/plan sponsor	Date / > 3 (-/2	Enter name of individua	al signing as employe	r or plan sponsor		
		name, if applicable) and address; incli	152			e number (optional)		
						/		
					man Advisor and			

Pa	rt III Financial Information							
_	Plan Assets and Liabilities		(a) Beginning of Year		T	(b) End of Year	
	Total plan assets	7a	25,9		1	,	0	
-	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	25,9	70	\top		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:	0-40						
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-	
	Benefits paid (including direct rollovers and insurance premiums	00					1	
	to provide benefits)	8d	25,92	21				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	!	50				
-	Other expenses	8g						
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					25,971	
	Net income (loss) (subtract line 8h from line 8c)	8i					(25,970)	
*************	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in the	instructions:	
\perp	2E 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Character	ristic (Codes	in the ir	nstructions:	
Pa	rt V Compliance Questions							
10	During the plan year:	×			Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	х		250,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's t	fidelity bor	nd, that was caused by fraud					
	or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan							
<u>.</u>	That the plan lands to provide any benefit when ade ander the plan	1: ***********		10f		v		
	Dild I I I I I I I I I I I I I I I I I I I			10f		Х		
<u>g</u>			nd.)	10f 10g		х		
h		See instru	nd.)ctions and 29 CFR					
	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR	10g		х		
h	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 the exceptions to providing the notice applied under 29 CFR 2520.101	See instru	ctions and 29 CFR	10g 10h		х		
h	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 the 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 requirements.	See instru	ctions and 29 CFR Inotice or one of the Yes," see instructions and comp	10g 10h 10i	Schedu	x x le SB (F	Form Yee X Ma	
h i Par 11	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 the exceptions to providing the notice applied under 29 CFR 2520.101 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	See instrume required -3 -3	nd.)	10g 10h 10i	•••••	X X le SB (F	Form Yes X No	
h i Par 11	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 the 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 requirements.	See instru	ctions and 29 CFR I notice or one of the Yes," see instructions and comp	10g 10h 10i		X X le SB (F	Yes X No	
h i Par	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 the 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 requirements 5500) and line 11a below) The compliance of the c	See instru e required -3 ents? (If ""	ctions and 29 CFR I notice or one of the Yes," see instructions and comp	10g 10h 10i		X X le SB (F	Yes X No	
h i Par	If this is an individual account plan, was there a blackout period? (see instru e required -3e ents? (If "" requireme as applica ig amortize	rd.) ctions and 29 CFR I notice or one of the Yes," see instructions and comp nts of section 412 of the Code of able.) ed in this plan year, see instructions	10g 10h 10i	ion 30	X X Ile SB (F	Yes X No	
h i Pai 11 11a 12 a	If this is an individual account plan, was there a blackout period? (ents? (If " requireme as applicating amortize	rd.) ctions and 29 CFR I notice or one of the Yes," see instructions and comp ints of section 412 of the Code of able.) ed in this plan year, see instructions and comp	10g 10h 10i	ion 30	X X Ile SB (F	Yes X No	
h i Pai 11 11a 12 a	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 the 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 requirements 5500) and line 11a below) Is the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirements of the minimum funding requirements of the minimum funding standard for a prior year is being granting the waiver You completed line 12a, complete lines 3, 9, and 10 of Schedule years and the second standard for the second standard	ents? (If " requireme as applicating amortize MB (Form	rotions and 29 CFR Inotice or one of the Yes," see instructions and computes of section 412 of the Code of able.) ed in this plan year, see instructions and skip to line 13.	10g 10h 10i 10i r sections, setting the sections of the sections of the sections of the section	ion 30	X X Ile SB (F	Yes X No	

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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 negative amount)		12d			25	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No N/A	Δ	
Par	VII Plan Terminations and Transfers of Assets						
13a	Ba Has a resolution to terminate the plan been adopted in any plan year?				0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				X Yes N	0	
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.)						
	I3c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)	1	
Par	VIII Trust Information (optional)				•		
14a Name of trust					14b Trust's EIN		

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