## 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 section 6058(a) of the Internal Revenue Code (the Code).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	)-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fise	cal plan year beginning 08/01/201	0	and ending 0	7/31/2	2011			
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	n/report							
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	extension		DFVC program					
_									
Do	ert II   Pacia Blan Infor	special extension (enter description							
		mation—enter all requested inform	iation		1h	Throo digit			
	Name of plan	INC. DAVIS BACON RETIREMENT	DI ANI		ID	Three-digit plan number			
JIAI	T ALMER CONSTRUCTION,	INC. DAVIS BACON RETIREMENT	LAN			(PN) • 001			
					1c	Effective date of plan			
						09/08/1989			
2a	Plan sponsor's name and add	lress (employer, if for single-employer	· plan)		2b	Employer Identification Number			
STAN	N PALMER CONSTRUCTION,	INC.				(EIN) 91-1078790			
5107	PORT ORCHARD HIGHWAY	3 SOUTHWE			2c	Plan sponsor's telephone number 360-674-2100			
	MERTON, WA 98312	3 300 HWL			24				
					Zu	Business code (see instructions) 237990			
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
STAN	N PALMER CONSTRUCTION,	INC. 5107 PORT BREMERTO	ORCHARE	HIGHWAY 3 SOUTHWE		91-1078790			
		BREWERTO	/IN, VVA 300	012	3с	Administrator's telephone number			
4 .	(4) 1/ 5151 (4)					360-674-2100			
		lan sponsor has changed since the la er from the last return/report. Sponso		eport filed for this plan, enter the	4b	EIN			
	name, Ent, and the plan name	or from the last retain, report. Opened	or o marrie		4c	PN			
5a	Total number of participants a	at the beginning of the plan year			5a	78			
b		at the end of the plan year			5b	93			
C	• •	with account balances as of the end o			JD				
U				•	5с	80			
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No			
	•	the annual examination and report of		,					
		(See instructions on waiver eligibility				Yes   No			
		her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III   Financial Inform	nation		T					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	3030998		3137130			
b	Total plan liabilities		. 7b	2293	_	0			
С	Net plan assets (subtract line	7b from line 7a)	. 7с	3028705		3137130			
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received			136734					
	`, ',				_				
	` '		` '		0				
	(3) Others (including rollover	s)	. 8a(3)		0				
b	Other income (loss)		. 8b	177434					
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	. 8c			314168			
d		t rollovers and insurance premiums	8d	196293					
е		ctive distributions (see instructions)		C					
f		ers (salaries, fees, commissions)		9450					
				C					
g h	·					205743			
n i		, 8e, 8f, and 8g)				108425			
;		ne 8h from line 8c)							
J	rransiers to (noin) the pian (s	see instructions)	· 8i	C					

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Part IV	Plan	Charact	eristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 9a

	II UIC	e plant provides wellare benefits, enter the applicable wellare neature codes from the cist of Flant Chara	icicns	110 000	JC3 III	uie iiisuu	Clions.		
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Amo	unt	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					300000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					32591
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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[	Yes	X No
12	ls ti	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							ing 
_		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401				
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				<b>-</b>
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?			ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):				c(2) El	<b>2)</b> EIN(s)		<b>13c(3)</b> PN(s)	
							+		
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estab	lished.			
Jnde SB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/re <sub>l</sub>	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	12/16/2011	STAN PALMER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	12/16/2011	STAN PALMER
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 section 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

2010

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		dentification Information	1							
For the calend	lar plan year 2010	or fiscal plan year beginning	08/	01/2010	and ending	07	//31/2011			
A This return/	report is for:	x single-employer plan	multiple-	employer plan (no	ot multiemployer)	Γ	one-participa	nt plan		
B This return/	report is for:	first return/report	final retu	rn/report			•			
		an amended return/report	Short pla	n vear return/rend	ort (less than 12 mont	he)				
C Check box	f filing under	☐ Form 5558	Η .		577 (1655 that 12 mont	.,,о,	7 00/0			
Check box	riming under.	H		c extension		L	DFVC progra	m		
	**************************************	special extension (enter descrip		***************************************			·····			
Part II   E	Basic Plan Info	ormation enter all requested i	information.			<b>,</b>	W			
1a Name of p	olan						Three-digit			
STAN PA	LMER CONSTRUC	CTION, INC. DAVIS BACON I	RETIREMEN'	r plan		, .	plan number (PN) ▶	001		
							Effective date of	plan		
				**************************************			09/08/1989			
		lress (employer, if for single-employe	er plan)			2b	Employer Identif	ication Number		
STAN PA	LMER CONSTRUC	CTION, INC.					EIN) 91-107			
5107 PO	RT ORCHARD HI	GHWAY 3 SOUTHWE					Plan sponsor's to (360) 674−2	elephone number		
								see instructions)		
JS PORT OR		WA 98367					237990			
Same	nistrator's name and	d address (If same as plan employer	, enter "Same	:")		3b /	Administrator's E	EIN		
Same										
						3c /	Administrator's te	elephone number		
If the name	and/or EIN of the	plan sponsor has changed since the	last return/re	part filed for this n	olan, enter the	4b EIN				
name, EIN	and the plan numb	er from the last return/report. Spons	or's Name	Name			4c PN			
a Total numb							'N			
		t the beginning of the plan year				5a		78		
C Total numb	er of participants a	t the end of the plan year ith account balances as of the end of	of the plan ves	or (defined henefit	nlane do not	5b		93		
complete th	nis item)	· · · · · · · · · · · · · · · · · · ·	· · · ·	· · · · · · ·	i pians do not	5c		80		
		uring the plan year invested in eligib						X Yes No		
Are you cla	iming a waiver of th	ne annual examination and report of	an independe							
		See instructions on waiver eligibility are fa or 6b, the plan cannot use Fo						X Yes No		
				and must instea	a use Form 5500.					
	nancial Inform	ation		1		T				
	and Liabilities			(a) Beg	inning of Year		(b) End o	f Year		
	ssets		. 7a	ļ	3,030,998			3,137,130		
Total plan li	abilities		. 7b	<u> </u>	2,293			0		
Net plan as	sets (subtract line 7	b from line 7a)	. 7c		3,028,705			3,137,130		
Income, Exp	penses, and Transfe	ers for this Plan Year		(a)	Amount		(b) To	otal		
	is received or received	vable from:				135	A STATE OF THE STA	the second		
(1) Employ			. 8a(1)		136,734					
(2) Particip			. 8a(2)	-	0					
			. 8a(3)		0	1000	<b>建筑是是</b>	Continue to		
					177,434			STEEL ST		
		a(2), 8a(3), and 8b)	. 8c		transament.			314,168		
Benefits paid to provide be		ollovers and insurance premiums	_	- Andrewskip						
•			· 8d	<u></u>	196,293					
		ve distributions (see instructions) .			0					
		(salaries, fees, commissions)			9,450					
Other expen	ses		· 8g		0	97757A	[26] 对自由的自治			
	es (add lines 8d, 8d		. 8h	MATERIAL STATE				205,743		
Net income	loss) (subtract line	8h from line 8c)	. 8i					108,425		
Transfers to	(from) the plan (see	instructions)	. 8i		. 0					

Par	Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension fea	ature codes from the l	ist of Plan Characteris	tic C	Codes i	in the	instructions	SC	
b	2E 3D f the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the Li	st of Plan Characteristi	c Cc	odes in	the i	nstructions:		
Par	Compliance Questions						***************************************	***************************************	
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution	on within the time peri	od described in			х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest?			0a					
D	on line 10a.)			0Ь		Х			
С	Was the plan covered by a fidelity bond?		1	0c	х			3	300,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fix or dishonesty?			0d		х			
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)	f the benefits under th	e plan? (See	0e	х				32,591
f	Has the plan failed to provide any benefit when due under the plan?		10	Of	-	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10	0q		х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	ee instructions and 29	CFR	0h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on-	e of the	0i					
	VI Pension Funding Compliance						-	***************************************	
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see inst	ructions and complete	Sch	nedule	SB (F	orm	Yes	X No
	Is this a defined contribution plan subject to the minimum funding red (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	quirements of section ble.)	412 of the Code or see	ctior	n 302 c	f ERI	ISA?	Yes	X No
	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Month_	, and	d enter	the o	date of the le	etter ruling Year	
	Enter the minimum required contribution for this plan year		The second secon		1	2b		***************************************	
	Enter the amount contributed by the employer to the plan for this plan					2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minu				2d			
	Will the minimum funding amount reported on line 12d be met by the			• •	· L		Yes	No [	N/A
Part \		randing doddinio.		•	<u> </u>	•			
13a	Has a resolution to terminate the plan been adopted during the plan	vear or any prior year	?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp				. 1	3a	• • • •		
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?	ansferred to another		the					
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)		lan(s), identify the plan	n(s) t	to			∐Yes [	x No
13	c(1) Name of plan(s):				13c(	2) Ell	V(s)	13c(3) P	'N(s)
					· · · · · · · · · · · · · · · · · · ·				
aution	: A penalty for the late or incomplete filing of this return/report w	will be passed at 1	200 200 200 200 200 200 200 200 200 200			int :			
							***************************************		
B or S	enalties of perjury and other penalties set forth in the instructions, I dischedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.	the electronic version	n of this return/report, a	it, in and t	to the t	y, if a pest o	pplicable, a of my knowle	Schedule dge and	
DEPART.	1 man		STAN PALMER					****	
SIGN	Signature of plan administrator	Date 12/15/11	Enter name of individu	ual	signing	ac n	lan administ	rator	
10 R 3 L	The Statement	Date: - 7, 0, 77	STAN PALMER	udi S	aryı iii iy	as p	iair aurministi	ialui	
SIGN HERE	Signature of employer/plan sponsor	Date/2/15/11	Enter name of individu	ual a	cianian	20.0	molovos	lon sa	
The second second	a magazina vi vingery virginii opoliooi	ware / - //	willow marine of murvich	ual S	2141 HH 103	00 H	INDIDAGE UL V	Idii Sonneni	

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