

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PRIMUS INTERNATIONAL, INC. 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1985</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1985</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>PRIMUS INTERNATIONAL, INC.</u> <u>610 NE BELLEVUE WAY, SUITE 200</u> <u>BELLEVUE, WA 98004</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0941460</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>425-688-0444</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0941460</u>	2c Sponsor's telephone number <u>425-688-0444</u>	2d Business code (see instructions) <u>336410</u>	
2b Employer Identification Number (EIN) <u>91-0941460</u>					
2c Sponsor's telephone number <u>425-688-0444</u>					
2d Business code (see instructions) <u>336410</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/12/2012	JIM NAYLOR
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PRIMUS INTERNATIONAL, INC. 610 NE BELLEVUE WAY, SUITE 200 BELLEVUE, WA 98004	3b Administrator's EIN 91-0941460 3c Administrator's telephone number 425-688-0444
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	754
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	759
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	62
d Subtotal. Add lines 6a , 6b , and 6c	6d	822
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	823
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	450
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	41

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a 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 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>PRIMUS INTERNATIONAL, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRIMUS INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>91-0941460</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

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PO BOX 3716
NORFOLK, VA 23514-3716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70	CONSULTANT	12000	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 57 59 60 62 63 72	RECORDKEEPER	406	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2011</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan PRIMUS INTERNATIONAL, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PRIMUS INTERNATIONAL, INC.	D Employer Identification Number (EIN) 91-0941460	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ML RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

c EIN-PN 22-6484011-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan PRIMUS INTERNATIONAL, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRIMUS INTERNATIONAL, INC.	D Employer Identification Number (EIN) 91-0941460	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	3177	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		3976264
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	10643	9750
(9) Value of interest in common/collective trusts.....	1c(9)	3274515	
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	19572218	19213924
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22860553	23199938

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	18862	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	18862	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22841691	23199938
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	696317	
(B) Participants	2a(1)(B)	1575347	
(C) Others (including rollovers)	2a(1)(C)	237113	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2508777
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	119	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	943	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1062
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	480291	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		480291
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		524
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-700093
c Other income.....	2c		267
d Total income. Add all income amounts in column (b) and enter total.....	2d		2290828

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1920175	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1920175
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	12406	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12406
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1932581

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		358247
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PETERSON SULLIVAN, LLP (2) EIN: 91-0605875

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>PRIMUS INTERNATIONAL, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRIMUS INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>91-0941460</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

PRIMUS INTERNATIONAL, INC.
401(k) RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2011

C O N T E N T S

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4 - 11
SUPPLEMENTARY SCHEDULE	
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR).....	13



CERTIFIED PUBLIC ACCOUNTANTS

601 UNION STREET, SUITE 2300

SEATTLE, WASHINGTON 98101

INDEPENDENT AUDITORS' REPORT

To the Plan Administrative Committee
Primus International, Inc. 401(k) Retirement Plan
Bellevue, Washington

We were engaged to audit the financial statements of the Primus International, Inc. 401(k) Retirement Plan ("the Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplementary schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The supplementary schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Peterson Sullivan LLP

October 11, 2012

PRIMUS INTERNATIONAL, INC.
401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

ASSETS	2011	2010
Investments		
Mutual funds	\$ 19,213,924	\$ 19,572,218
Money market account	3,976,264	
Collective trust fund		3,274,515
	<u>23,190,188</u>	<u>22,846,733</u>
Receivables		
Participants' contributions	34,973	
Employer contributions	16,119	
Notes receivable from participants	9,750	10,643
Accrued income		3,177
	<u>60,842</u>	<u>13,820</u>
Total receivables		
	<u>60,842</u>	<u>13,820</u>
Total assets	23,251,030	22,860,553
LIABILITIES		
Corrective Distributions Payable		18,862
		<u>18,862</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 23,251,030</u>	<u>\$ 22,841,691</u>

See Notes to Financial Statements

PRIMUS INTERNATIONAL, INC.
401(k) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to Net Assets		
Investment income		
Net appreciation (depreciation) in fair value of mutual funds	\$ (699,569)	\$ 2,210,645
Dividends and interest	481,620	363,082
	<u>(217,949)</u>	<u>2,573,727</u>
Contributions		
Participants'	1,610,507	1,249,567
Employer's	712,249	313,200
Rollovers from other qualified plans	237,113	51,319
	<u>2,559,869</u>	<u>1,614,086</u>
Total additions	2,341,920	4,187,813
Deductions from Net Assets		
Benefits paid to participants	1,920,175	1,315,979
Corrective distributions		18,862
Administrative expenses	12,406	160
	<u>1,932,581</u>	<u>1,335,001</u>
Total deductions	1,932,581	1,335,001
Net increase	409,339	2,852,812
Net Assets Available for Benefits		
Beginning of year	<u>22,841,691</u>	<u>19,988,879</u>
End of year	<u><u>\$ 23,251,030</u></u>	<u><u>\$ 22,841,691</u></u>

See Notes to Financial Statements

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Primus International, Inc. 401(k) Retirement Plan ("the Plan") provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established for the benefit of eligible employees of Primus International, Inc. and participating subsidiaries ("the Company"). Management of the Company operates and administers the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility and Vesting

All employees who are not covered under a collective bargaining agreement who have attained age 18 and completed 60 days of service are eligible to participate in the Plan. Employee contributions and related earnings are 100% vested at all times. Employer contributions and related earnings become 100% vested to the participant after completing one year of service.

Contributions

In general, participants may voluntarily elect to defer up to 50% of eligible annual compensation to the Plan, subject to the applicable limits of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified plans ("rollovers from other qualified plans").

The Company makes regular matching contributions to the Plan equal to 50% of the participant's contribution up to 10% of his/her compensation (5% of his/her compensation from May 1, 2009, through November 30, 2010). Effective April 1, 2009, through December 31, 2010, highly compensated employees, as defined by the Plan, were not eligible to receive matching contributions. Additional qualified matching contributions and qualified non-elective contributions may be made at the Company's discretion. Effective January 1, 2011, highly compensated employees are again eligible to receive matching contributions. All contributions by the Company in 2011 and 2010 were regular matching contributions. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of both the Company's contribution and Plan earnings and losses and administrative expenses. Allocations of earnings and losses are based on a participant's account balance. A participant is entitled to the benefit that can be provided from the participant's vested account.

Participants direct their proportionate share (vested and non-vested) of Plan assets to a variety of investment funds.

Notes Receivable from Participants

Participant loans are not permitted under the Plan; however, participant loans were permitted under the former Hansen Machine and University Swaging 401(k) plans, which were rolled into the Plan effective January 1, 2001. The outstanding balances of all loans under these former plans were transferred to the Plan and are being repaid in accordance with the terms of the former plans. The interest rates range from 8.75% to 9.5% for loans outstanding at December 31, 2011, with various maturity dates through March 2020. All principal and interest repayments are allocated to the Plan's investment funds based on participant's investment elections at the time of repayment.

Payment of Benefits

Upon termination of service, a participant or the participant's beneficiary may elect to receive either a lump-sum amount (full or partial) equal to the value of the participant's vested interest in his or her account, or installments over a period of not more than their assumed life expectancy, provided their vested account balance is in excess of \$5,000. For participants whose vested account balance is less than \$5,000, a participant will receive the value of the vested interest in his or her account as a lump-sum distribution. Distributions can also be made to participants during their employment with the Company if they meet certain requirements (including under certain hardship provisions) as defined within the Plan document.

Forfeitures

Provisions of the Plan provide that upon termination of employment, participants are entitled to receive their vested portion of the net assets of the Plan. Any amounts not vested at the time of termination are forfeited and used to either reduce future employer contributions or be used to offset Plan expenses. Forfeitures were \$24,938 and \$1,332 in 2011 and 2010, respectively. During the year ended December 31, 2011, \$12,000 was used to pay operating expenses of the Plan. No forfeitures were used in 2010. At December 31, 2011 and 2010, unused forfeitures (which can be used to reduce employer contributions or offset Plan expenses) totaled \$36,687 and \$23,762, respectively.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan Amendments

Effective in 2010, the Plan was amended as follows:

- Effective January 1, 2010, the employer matching contribution calculation period was changed to be based off of each pay period, rather than the plan year.
- Effective December 1, 2010, the matching contribution from the Company to the Plan was changed to 50% of the participant's contribution up to 10% of his/her compensation (formerly it was 50% of the participant's contribution up to 5% of his/her compensation).

Effective January 1, 2011, the Plan was amended so that highly compensated employees are again eligible to receive the matching contributions from the Company.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Contributions

Contributions from participants are recorded in the period in which they are withheld from the participant's compensation. Matching contributions from the Company are recorded in the period in which the related participant contributions are recorded.

Notes Receivable from Participants

Notes receivable from participants are stated at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as deemed distributions based on the terms of the Plan document.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Administrative expenses relate to Plan administration, custodianship of investments, and the Plan audit, and are generally paid by the Company as allowed by the provisions of the Plan.

Corrective Distributions

Certain contributions are considered to be excess contributions based on year-end compliance test results performed by the Plan's third party administrator and are required to be refunded to the participants ("corrective distributions"). At December 31, 2010, the Plan had corrective distributions payable of \$18,862. There were no corrective distributions payable at December 31, 2011. Excess contributions, if any, are refunded to the participants in the following year.

Investment Valuation and Income Recognition

Investments in mutual funds are valued at fair value as determined by the Plan custodian based on quoted market prices on the last business day of the year. The money market account is stated at cost plus accrued interest. The fair value of the Plan's interest in the Bank of America, N.A. Retirement Preservation Trust ("the Preservation Trust") (a fully benefit-responsive investment) would generally reflect the net asset value of the collective trust, adjusted for the variance between the contract value and fair value of the underlying investments of the trust, as reported by the fund managers. The net asset value of the Preservation Trust is calculated daily and distributions from net investment income are declared daily and are reinvested in additional units. As further discussed in Note 6, at December 31, 2010, the Preservation Trust was in the process of liquidation. As the Preservation Trust was in the process of liquidation, it is presented at fair value as there was no longer a variance between contract value and fair value of the underlying investments. The trust invested primarily in a broadly diversified portfolio of guaranteed investment contracts and in high-quality money-market securities. The Plan's investment in the Preservation Trust did not have any unfunded commitments or redemption restrictions.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Fair Value Measurements

Fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement determined based on assumptions that market participants would use in pricing an asset or liability. There are three levels which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

An asset or liability's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for assets measured at fair value (investments).

The following tables present information about the Plan's investments that have been measured at fair value on a recurring basis as of December 31, 2011 and 2010, and indicates the classification by level of input within the fair value hierarchy described above:

	Fair Value Measurements at December 31, 2011, using:			
	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs	Total
Mutual Funds:				
Growth funds	\$ 4,719,964	\$ -	\$ -	\$ 4,719,964
Value funds	4,097,916			4,097,916
Bond funds	3,390,495			3,390,495
Income funds	3,235,828			3,235,828
Blend funds	2,938,669			2,938,669
Flexible portfolio funds	460,934			460,934
Index funds	370,118			370,118
Total investments at fair value	<u>\$ 19,213,924</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 19,213,924</u>

Fair Value Measurements at December 31, 2010, using:				
	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
Mutual Funds:				
Growth funds	\$ 4,904,804	\$ -	\$ -	\$ 4,904,804
Value funds	4,337,294			4,337,294
Income funds	3,182,513			3,182,513
Blend funds	3,108,360			3,108,360
Bond funds	3,090,882			3,090,882
Flexible portfolio funds	651,823			651,823
Index funds	296,542			296,542
Collective Trust Fund		3,274,515		3,274,515
Total investments at fair value	<u>\$ 19,572,218</u>	<u>\$ 3,274,515</u>	<u>\$ -</u>	<u>\$ 22,846,733</u>

Subsequent Events

The Plan has evaluated subsequent events through the date the financial statements were available to be issued, which was the same date as the independent auditors' report.

Effective July 2, 2012, the Plan was merged into another defined contribution retirement plan, the Precision Castparts Corp. 401(k) Retirement Savings Plan, which is sponsored by Precision Castparts Corp ("PCC"). PCC acquired the Company in 2011 and the Company's plan trustees approved the merger in to PCC's plan. Assets related to accounts of participants that had been included in the Plan were fully transferred in to the Precision Castparts Corp. 401(k) Retirement Savings Plan on July 2, 2012, which effectively terminated the Plan.

Note 3. Plan Tax Status

The Plan has adopted a non-standardized prototype sponsored by its third party administrator. The prototype has received a favorable determination from the Internal Revenue Service. The Company has not received a determination letter as to the qualified status of the Plan's adoption agreement. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Service.

The Plan's Form 5500 returns for the last three years are subject to examination by federal authorities.

Note 4. Investments

Investments are as follows at December 31:

	<u>2011</u>	<u>2010</u>
Investment in a Money Market Account Retirement Reserves Money Fund	\$ 3,976,264 *	\$ -
Investment in a Collective Trust Fund: Bank of America, N.A. Retirement Preservation Trust		3,274,515 *
Investments in Mutual Funds:		
BlackRock Equity Dividend Fund	3,235,828 *	3,108,360 *
Davis NY Venture Fund	2,938,669 *	3,090,882 *
Alger Capital Appreciation Fund	2,101,891 *	2,180,372 *
Thornburg International Fund	1,465,825 *	1,678,825 *
Lord Abbett Developing Growth Fund	1,846,125 *	1,907,825 *
Loomis Sayles Investment Grade Bond Fund	1,822,707 *	1,718,885 *
American Century Government Bond Fund	1,446,682 *	1,385,775 *
Eaton Vance Large Cap Value Fund	1,168,345 *	1,230,084 *
Others, less than 5%	3,187,852	3,271,210
	<u>19,213,924</u>	<u>19,572,218</u>
	<u>\$ 23,190,188</u>	<u>\$ 22,846,733</u>

* Investment represents 5% or more of the Plan's net assets available for plan benefits.

Note 5. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2011 and 2010, was obtained from data that has been prepared and certified as complete and accurate by the trustee, Bank of America, N.A. ("Bank of America"):

	<u>2011</u>	<u>2010</u>
Investments:		
Mutual funds	\$ 19,213,924	\$ 19,572,218
Money market account	3,976,264	
Collective trust fund		3,274,515
Investment income (loss):		
Net appreciation (depreciation) in fair value of mutual funds	(699,569)	2,210,645
Dividends and interest	481,620	362,061

Note 6. Investment Contract

The Plan had entered into a benefit-responsive investment contract as part of its investment in the Preservation Trust. The Preservation Trust (a collective trust fund) is a fund that was set up to invest primarily in a fully benefit-responsive investment contract providing for a guaranteed rate of return. On October 6, 2010, the Trustee of the Preservation Trust approved a resolution to terminate the trust and commence liquidation of its assets (so the crediting interest rate and the average yield rate are not presented for 2010). The Preservation Trust terminated operations on February 28, 2011, and was liquidated on March 1, 2011. All trust units were redeemed or exchanged at the net asset value per unit of \$1.00. The Preservation Trust was replaced with the Retirement Reserves Money Fund (a money market) as an investment option for Plan participants following the Preservation Trust's liquidation.

Note 7. Party-in-Interest Transactions

Certain Plan investments consist of shares of mutual funds and units of a collective trust fund managed by Bank of America and affiliates of Bank of America (including BlackRock). Bank of America is the trustee as defined by the Plan; therefore, transactions with Bank of America qualify as exempt party-in-interest transactions. These investments amounted to \$8,043,144 and \$7,331,240 at December 31, 2011 and 2010, respectively.

Note 8. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2011:

Net assets available for benefits per the financial statements	\$ 23,251,030
Participants' and employer contributions receivable not included in Schedule H of Form 5500	<u>(51,092)</u>
Net assets available for benefits per Schedule H of Form 5500	<u><u>\$ 23,199,938</u></u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Schedule H of Form 5500 for the years ended December 31, 2011:

Net increase in net assets available for benefits per the financial statements	\$ 409,339
Change in contribution receivable	<u>(51,092)</u>
Net income per Schedule H of Form 5500	<u><u>\$ 358,247</u></u>

S U P P L E M E N T A R Y S C H E D U L E

PRIMUS INTERNATIONAL, INC.
401(k) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN: 91-0941460

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Bank of America, N.A. Retirement Reserves Money Fund	Money Market	**	\$ 3,976,264
*	BlackRock Equity Dividend Fund	Mutual Fund	**	3,235,828
	Davis NY Venture Fund	Mutual Fund	**	2,938,669
	Alger Capital Appreciation Fund	Mutual Fund	**	2,101,891
	Lord Abbett Developing Growth Fund	Mutual Fund	**	1,846,125
	Loomis Sayles Investment Grade Bond Fund	Mutual Fund	**	1,822,707
	Thornburg International Fund	Mutual Fund	**	1,465,825
	American Century Government Bond Fund	Mutual Fund	**	1,446,682
	Eaton Vance Large Cap Value Fund	Mutual Fund	**	1,168,345
	Columbia Mid Cap Value Fund	Mutual Fund	**	856,543
	Columbia Acorn International Fund	Mutual Fund	**	647,211
	Allianz NFJ Small Cap Value Fund	Mutual Fund	**	607,203
*	BlackRock Global Allocation Fund	Mutual Fund	**	460,934
*	BlackRock S&P 500 Index Fund	Mutual Fund	**	370,118
	Invesco Van Kampen Mid Cap Growth Fund	Mutual Fund	**	124,737
	Oppenheimer International Bond Fund	Mutual Fund	**	121,106
*	Participant Loans	Interest at 8.75% to 9.5% with various maturity dates from March 2018 through March 2020	0	9,750

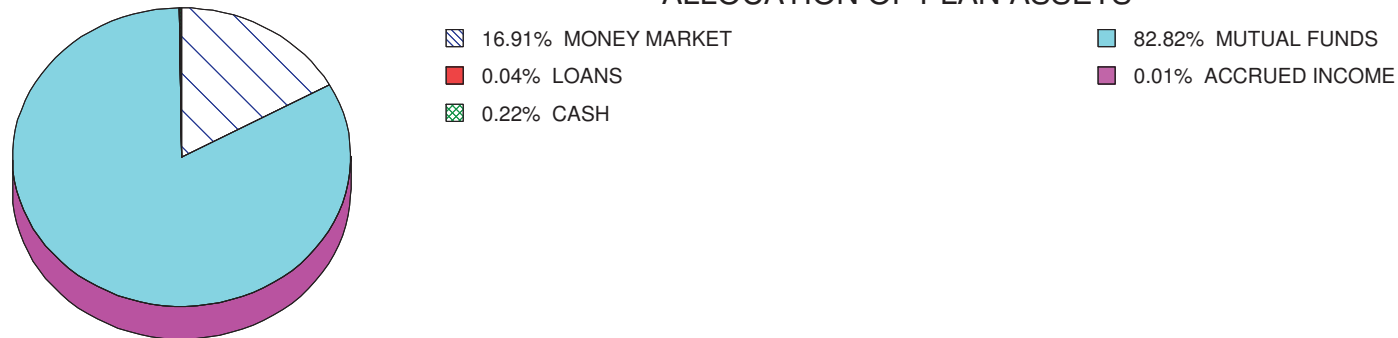
* Denote party-in-interest

** Information not required as investments are participant-directed

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2011 - 12/31/2011

PRIMUS INTERNATIONAL
401(K) RETIREMENT PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>MONEY MARKET</u>					
RETIREMENT RESERVES MONEY FUND	3,144,201.6600	1.000	3,144,201.66	3,144,201.66	13.55%
RETIREMENT GM RESERVE MONEY FD	778,884.8285	1.000	778,884.83	778,884.83	3.36%
TOTAL MONEY MARKET			3,923,086.49	3,923,086.49	16.91%
<u>MUTUAL FUNDS</u>					
COLUMBIA ACORN INTL A	1,829.3539	34.150	61,351.10	62,472.44	0.27%
COLUMBIA ACORN INTL A GM	17,122.6637	34.150	588,807.41	584,738.97	2.52%
COLUMBIA MID CAP VALUE FUND A	6,433.6413	12.800	78,146.95	82,350.61	0.35%
COLUMBIA MID CAP VALUE FUND GM	60,483.8319	12.800	719,304.71	774,193.05	3.34%
AMERICAN CENT GOV BD FD CL A	23,807.0510	11.530	267,962.83	274,495.30	1.18%
AMERICAN CENT GOV BD GM CL A	101,664.0961	11.530	1,130,560.49	1,172,187.03	5.05%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2011 - 12/31/2011

PRIMUS INTERNATIONAL
401(K) RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESCO VAN KAMPEN MID CAP A	4,975.4461	25.070	118,724.09	124,734.43	0.54%
THORNBURG INTERNATIONAL	25,367.0731	23.950	720,930.43	607,541.40	2.62%
THORNBURG INTERNATIONAL GM	35,836.4897	23.950	924,875.19	858,283.93	3.70%
BLACKROCK GLOBAL ALLOC A	25,381.8135	18.160	458,539.79	460,933.73	1.99%
BLACKROCK EQ DIVIDEND A	144,859.3281	18.150	2,643,187.23	2,629,196.81	11.33%
BLACKROCK EQ DIVIDEND A GM	33,423.2035	18.150	576,573.28	606,631.14	2.61%
OPPENHEIMER INTL BD FD CL A	19,501.8052	6.210	125,431.57	121,106.21	0.52%
ALGER CAPITAL APPRECIATION A	80,189.1380	14.350	1,071,698.06	1,150,714.13	4.96%
ALGER CAPITAL APPRECA GM	66,284.1565	14.350	829,078.82	951,177.65	4.10%
LOOMIS SAYLES INVT GRADE A	38,819.6762	11.940	456,898.52	463,506.93	2.00%
LOOMIS SAYLES INVT GRADE A GM	113,835.8815	11.940	1,326,488.78	1,359,200.43	5.86%
BLACKROCK S&P500 INDEX I	24,096.2004	15.360	350,876.74	370,117.64	1.60%
ALLIANZ NFJ SM-CAP VALUE CL A	5,919.6182	27.820	153,438.07	164,683.78	0.71%
ALLIANZ NFJ SM-CAP VL CL A GM	15,906.4925	27.820	414,450.16	442,518.62	1.91%
EATON VANCE LG-CAP VALUE FD A	13,614.4995	17.130	242,856.23	233,216.38	1.01%
EATON VANCE LG-CAP VAL FD A GM	54,590.1154	17.130	994,020.25	935,128.68	4.03%
LORD ABBETT DEV GROWTH FD CL A	93,950.3989	19.650	2,119,436.37	1,846,125.34	7.96%
DAVIS NY VENTURE FD CL A	90,420.5837	32.500	2,640,266.04	2,938,668.97	12.67%
TOTAL MUTUAL FUNDS			19,013,903.11	19,213,923.60	82.82%
<u>LOANS</u>					
LOAN FUND	9,750.0100	1.000	9,750.01	9,750.01	0.04%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2011 - 12/31/2011

PRIMUS INTERNATIONAL
401(K) RETIREMENT PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESTMENT TOTAL			22,946,739.61	23,146,760.10	99.77%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			3,177.56	3,177.56	0.01%
CASH			50,000.00	50,000.00	0.22%
TOTAL ASSETS			22,999,917.17	23,199,937.66	100.00%

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.

Balances include the effect of pending trades