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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in acc	cordance with the mondc	tions to the Form 550	Љ- ЭГ.		
P	art I	Annual Report	Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending	12/31/2	2012	
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
1			special extension (enter descri	· /				
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation		•		
1a	Name of	of plan				1b	Three-digit	
PRIM	10 CON	STRUCTION, INC. PF	ROFIT SHARING PLAN				plan number	
						<u> </u>	(PN) •	002
						1C	Effective date of 01/01/	•
		oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single-e	employer plan)	2b	Employer Identif	
						20	Sponsor's telep	
970 (CARLSE	BORG RD.				-0	360-683	
		A 98382				2d	Business code (
3a	Plan ac	dministrator's name an	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN
						3c	Administrator's t	elephone number
								•
4			e plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	he last return/report filed fo	r this plan, enter the	4b	EIN	
а		or's name	liber from the last return/report.			4c	PN	
5a	Total n	number of participants	at the beginning of the plan year			5a		3
b	Total n	number of participants	at the end of the plan year			5b		3
С			account balances as of the end of the		-	5c		3
6a		,	s during the plan year invested in eli					X Yes No
b		•	the annual examination and report	•	•			
			? (See instructions on waiver eligibil					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.	
Cau	ution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed ι	ınless reasonable caı	use is	established.	
			ner penalties set forth in the instruct					
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, as plete.	s well as the electronic vers	ion of this return/report	t, and	to the best of my	knowledge and
SIG		Filed with authorized/v	valid electronic signature.	05/23/2013	JAMES H. BARTEE			
H	RE	Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	ning as plan adn	ninistrator
SIG	SN N							
HEI	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
Pre	parer's i		ame, if applicable) and address; inc					number (optional)

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Do	4 III Financial Information		-					
<u>Pai</u> 7	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Veg				(h) End of Voor	
		(7) 13				(b) End of Year 291284		
	Total plan assets	7a 7b	7a 77706 7b				291204	
	Net plan assets (subtract line 7b from line 7a)	76 7c	77706	777062			291284	
	Income, Expenses, and Transfers for this Plan Year	70) <u>Z</u>				
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	6645	6				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					66456	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55223	34				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					552234	
	Net income (loss) (subtract line 8h from line 8c)	8i					-485778	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2R 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b	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		125000	
d		fidelity bo	nd, that was caused by fraud	10d		X	123000	
е	Were any fees or commissions paid to any brokers, agents, or oth			100				
·	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Χ		50000	
h		(See instru	uctions and 29 CFR	10g		X	30000	
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	ne require	d notice or one of the	10i				
Part	1 1 0 11	1-0		101				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					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.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year							

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	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?		Yes X 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		Yes X 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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part		Identification Information								
For calenda	ar pian year 2012 or i		1/2012			12/31/	2012			
A This retu	This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
B This relu	urn/report is:	the first return/report	the fin:	al return/report						
		an amended return/report	a short	plan year return,	report (less than 12 m	onths))			
C Check b	oox if filing under:	Form 5558	autom	alic extension			DFVC progra	am		
		special extension (enter desc	cription)					1882 -		
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
1a Name		one arroqueeted in	mormation	•		1h	Three-digit	Γ		
		PROFIT SHARING PLAN				16	plan number			
							(PN) 🕨	002		
						1c	Effective date o			
2a Plan sp PRIMO CON	oonsor's name and a NSTRUCTION, INC.	ddress; include room or suite numb	ber (employe	r, if for a single-e	mployer plan)	2b	Employer Identi (EIN) 91-138			
						2c	Sponsor's telep	hone number		
970 CARLSI	BORG RD.					24	(360) 68			
SEQUIM, W					No. Park St.	Zu	236110	(see instructions) 0		
3a Plan ac	dministrator's name a	and address XSame as Plan Spor	nsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN		
						3c Administrator's telephone number				
		ne plan sponsor has changed since	e the last retu	rn/report filed for	this plan, enter the	4b	EIN	- 200		
a Sponso	The state of the s	umber from the last return/report.				4c	PN			
5a Total r	number of participant	s at the beginning of the plan year		*******************************	************	5a	T	3		
		s at the end of the plan year				5b		3		
C Numbe	er of participants with	account balances as of the end o	of the plan yea	ar (defined benef	it plans do not					
		ts during the plan year invested in				5c		X Yes No		
b Are yo	ou claiming a waiver of	of the annual examination and repo	ort of an inde	pendent qualified	d public accountant (IO	PA)		X Yes ∐ No		
under	29 CFR 2520.104-46	6? (See instructions on waiver eligi	ibility and cor	nditions.)		, 	***************************************	X Yes No		
lf you	answered "No" to	either line 6a or line 6b, the plan	cannot use	Form 5500-SF	and must instead use	Form	5500.			
Caution: A	penalty for the late	or incomplete filing of this retu	ırn/report wi	ll be assessed u	nless reasonable cau	ıse is	established.			
SB or Sche	alties of perjury and o dule MB completed a lrue, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, aplete.	uctions, I dec , as well as th	clare that I have one electronic vers	examined this return/report ion of this return/report	port, in l, and	ncluding, if applic to the best of my	able, a Schedule knowledge and		
	1	2, 2-2				7/				
SIGN HERE	HERE						H. Bartce			
	Signature of plan	administrator		ate	Enter name of individ	ual sig	gning as plan adr	ninistrator		
SIGN HERE										
	Signature of empl	oyer/plan sponsor		ale	Enter name of individ	ual sig	gning as employe	er or plan sponsor		
Preparers	name (including firm	name, if applicable) and address;	include room	i or suite number	(optional)	Prep	parer's telephone	number (optional)		

SPANO CETTAGESTANT

Pai	t III Financial Information							
7	Plan Assets and Liabilities (a) Beginning of Ye			r	(b) End of Year			
a	otal plan assets			2			291284	
b	otal plan liabilities						201207	
c	Net plan assets (subtract line 7b from line 7a)	7c	77706	2			291284	
8	ncome, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total	
	Contributions received or receivable from:						(2) , • • • • • • • • • • • • • • • • • •	
	(1) Employers				_			
	(2) Parlicipants							
10000	(3) Others (including rollovers)	8a(3)						
7/2	Other income (loss)	8b	6645	6	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					66456	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55223	4				
	Certain deemed and/or corrective distributions (see instructions)	8e	00220	-	1			
	Administrative service providers (salaries, fees, commissions)	8f			- -			
	Other expenses	8g			\dashv			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1			
0	Net income (loss) (subtract line 8h from line 8c)	8i			+		552234	
	Transfers to (from) the plan (see instructions)	8j	11307-		1-		<u>-485778</u>	
Par	t IV Plan Characteristics	_ Oj		*	_1_	-		
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	dic Co	dec in	the instructional	
11	2E 2R 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:	
Part								
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	rection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b	-57	х		
С	Was the plan covered by a fidelity bond?		***************************************	10c	х		125000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х	123000	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the commissions.	ner person	s by an insurance carrier.		18			
	instructions.)	or me perm	ents under the plant (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x	7	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	х		50000	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	30000	
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				
Part				101			***************************************	
11								
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requirem	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						, and the second	
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.			ıth	and e	enter th Day	ne date of the letter ruling Year	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b		

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	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			, , ,	I NO I NOT
13a	Has a resolution to terminate the plan been adopted in any plan year?		es X N	0
9-	If "Yes," enter the amount of any plan assets that reverted to the employer this year		<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		☐ 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.)	0		I ica M ino
	3a(4) Nome of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
200			¥0 0 6	
	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

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