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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	rt I	Annual Report	Identification Inform	nation						
For	calenda	ar plan year 2012 or fi	scal plan year beginning	01/01/2012		and ending	12/31/	2012		
A This return/report is for:						a one-participant plan				
B This return/report is:										
an amended return/report a short plan year return/report (less than 12 months))			
C	Check b	oox if filing under:	Form 5558	auto	matic extension			DFVC progra	am	
special extension (enter description)								_		
Pa	rt II	Basic Plan Info	rmation—enter all reque	ested information						
	Name						1b	Three-digit		
			ON PENSION PLAN AND	TRUST				plan number		
<u>_</u>								(PN) •	001	
							1c	Effective date o 05/16	•	
		oonsor's name and ad ERS INC	dress; include room or suit	e number (emplo	yer, if for a single	-employer plan)	2b	Employer Identi (EIN) 93-12	fication Number 91339	
2616	DIDERI	HILL DR SE					2c	Sponsor's telep		
		/A 98513					2d	Business code ((see instructions)	
3a	Plan ad	dministrator's name ar	nd address XSame as Pla	n Sponsor Name	Same as Pla	n Sponsor Address	3b	Administrator's		
							3с	3c Administrator's telephone number		
4										
	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.									
		or's name		•			4c	PN		
5a	Total n	number of participants	at the beginning of the pla	n year			. 5a		22	
b	Total n	number of participants	at the end of the plan year	·			- 5b		0	
С			account balances as of the		,	•	. 5c		0	
			s during the plan year inves f the annual examination a	_					X Yes No	
	under	29 CFR 2520.104-46	? (See instructions on waiv	er eligibility and c	onditions.)				X Yes No	
			ither line 6a or line 6b, the							
		•	or incomplete filing of thi	•						
SBc	or Sche		her penalties set forth in the nd signed by an enrolled ac plete.							
SIGI	N	Filed with authorized/	valid electronic signature.	(06/11/2013	CATHY CRAWFORE	FORD			
HER	RE	Signature of plan a	dministrator		Date	Enter name of indivi	dual si	gning as plan adr	ninistrator	
SIGI	N									
HERE		Signature of emplo	ure of employer/plan sponsor Date Enter name of individu			dual si	gning as employe	er or plan sponsor		
Prep	arer's i		name, if applicable) and add						number (optional)	

Form 5500-SF 2012 Page **2**

Por	+ III Einangial Information								
Par 7			(a) Beginning of Ver		1		(h) End of Voor		
		Assets and Liabilities (a) Beginning of				(b) End of Year			
	Total plan assets	7a 7b	1201	0			0		
	Net plan assets (subtract line 7b from line 7a)	7b	1201	ıΩ	-		0		
		70	12018				-		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)	6426	66					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-208						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					64058		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7603	36					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	4	Ю					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					76076		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-12018		
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 2C 2F 2G 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 fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Part	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a				10a		X	Amount		
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?				X		40000		
				10c			10000		
d	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		1767		
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a					Χ			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the						
D = =1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below)								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo								
b	Enter the minimum required contribution for this plan year					12b			
							· ·		

	Form 5500-SF 2012 Page 3 - 1						
		1		1			
С	Enter the amount contributed by the employer to the plan for this plan year	1	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 negative amount)	of a	l2d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Υ	es	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	'es	No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	За				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes	s No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					_	
1	13c(1) Name of plan(s):	13c	(2) EI	N(s)		13c(3	B) PN(s)
Part	: VIII Trust Information (optional)					•	
14a Name of trust				ust's	EIN		

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).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Benefit Guaranty Corporation	► Complete all entries in acc	ordance with the instr	uctions to the Form 550	00-SF	-	specuon		
Part I		dentification information							
For calen	ndar plan year 2012 or fisc	cal plan year beginning R a single-employer plan	01/01/2012	and ending		12/31/20:	12		
A This r	etum/report is for:	plan (not multiemployer))	a one-partic	ipant plan				
B This r	eturn/report is:	<u> </u>	the final return/repo	rt					
		an amended return/report	a short plan year ret	turn/report (less than 12)	month	is)			
C Check	k box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter descrip	tion)						
Part II	Basic Plan Infor	mation—enter all requested infor	mation						
1a Name					1b	Three-digit			
PDQ	BUILDERS INC D	AVIS BACON PENSION				plan number	001		
PLAI	N AND TRUST				10	(PN)	001		
					10	Effective date of 05/16/2011			
2a Plan	sponsor's name and addr	ess; include room or suite number	(employer, if for a single	employer plan)	2h	Employer Identi			
PDQ	BUILDERS INC					(EIN) 93-129	1339		
					2c	Sponsor's telep			
961 6	6 PIPERHILL DR :	SF.			<u></u>	(503) 869-			
) <u></u>			2d	Business code (see instructions)		
3a Plan :		address X Same as Plan Sponsor		98513	2h	236116 Administrator's I			
ou man		address Edogue as Lieu obousor	manie Doanie as Fiai	aponsor Address	30	Administrators (EIN		
					3с	Administrator's t	elephone number		
							·		
4 If the	name and/or EIN of the n	lan sponsor has changed since the	last return/report filed t	or this plan, enter the	46	L ibs			
		er from the last return/report.	iost ictorinoport med i	or and plant, enter are	40	EIN			
	sor's name			w	4c	PN			
		the beginning of the plan year			5a		2		
		the end of the plan year			5b				
C Numb	per of participants with acc	count balances as of the end of the	plan year (defined bene	efit plans do not					
		2			5c				
b Are v	e all of the plants assets o ou claiming a waiver of th	uring the plan year invested in eligi e annual examination and report of	ble assets? (See instruc	(.enoix		***************************************	X Yes No		
under	r 29 CFR 2520.104-46? (\$	See instructions on waiver eligibility	and conditions.)	ao public accountant (IQ)	PA)		Yes No		
If you	answered "No" to eith	er line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	A penalty for the late or	ncomplete filing of this return/re	port will be assessed	uniess reasonable cau	se is	established.			
Under pen	alties of perjury and other	penalties set forth in the instruction	ns, I declare that I have	examined this return/rep	ort, in	cluding, if applica	ble, a Schedule		
belief, it is	edule MB completed and true, correct, and complet	signed by an enrolled actuary, as we te.	ell as the electronic ver	sion of this return/report,	, and t	to the best of my l	nowledge and		
· · · · · · · · · · · · · · · · · · ·					>	<i>9-7-</i>	_		
SIGN		<i>49</i>	6/10/13	7 6	·	ROSS	2		
HERE	Signature of plan adm	nistrator	Date	Enter name of individu	al sig	ning as plan admi	inistrator		
SIGN			6/10/13	TKE		52			
HERE	Signature of emproyer		Date	Enter name of individu			or plan sponsor		
Preparer's	name (including firm nam	e, if applicable) and address; include	le room or suite numbe	r (optional)	Prep	arer's telephone n	iumber (optional)		
				-					
				1					

P	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Y	aar	T		(b) End of Year
a	Total plan assets	. 7a		12,(18		(a) Liid of 1887
	Total plan liabilities	. 7b			十		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		12,(18		
8	income, Expenses, and Transfers for this Plan Year		(a) Amount			****	(b) Total
a	Contributions received or receivable from: (1) Employers	from:					
	(2) Participants	8a(2)		7			
	(3) Others (including rollovers)				十		
b	Other income (loss)			(20	181		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7		*******	64,058
đ	Benefits paid (including direct rollovers and insurance premiums						04,000
	to provide benefits)				36		
_	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f				~	
_9	Other expenses	8g			40		
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					76,076
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i					(12,018)
	Transfers to (from) the plan (see instructions)	Bj .					
	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension t 2C 2F 2G 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Chara	cteris	tic Co	des in	the instructions:
Pari	V Compliance Questions						
10	During the plan year:			***************************************	Yes	No	
a	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions within t	the time period described in	40-		x	Amount
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Da not inc	lude transactions reported	10a			
	Was the plan covered by a fidelity bond?	,	**)****,,,,,(22);;;*******************	10b	х	Х	10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond	, that was caused by fraud	10d		х	10,000
0	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	er persons to	by an insurance carrier,	10e	х		1,767
f	Has the plan failed to provide any benefit when due under the plan	?	······································	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructi	ons and 29 CFR	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required n	otice or one of the	101		Λ	
Part '		V ************************************	\$4.46311.4445.67(\$6444.4(v.~66444)24	101	1		
11	ls this a defined benefit plan subject to minimum funding requiremer 5500) and line 11a below)	nts? (If "Yes	s," see instructions and com	plete (Schedi	ule SE	3 (Form Yes No
11a	Enter the amount from Schedule SB line 39				T .		1 i.e.
12	Is this a defined contribution plan subject to the minimum funding re	quiremente	of section 412 of the Code	At A.	ation o	1 a	ERISA? Yes KNo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicable))	ui sei	Juon 3	U∠ 01	ENISAY Yes KINO
а	f a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized i	n this plan year, see instruc	tions,	and er	nter th	ne date of the letter ruling Year
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year				T 1	2b	
				1447-77	·		<u></u>

Form 5500-SF 2012 Page 3 -			
C Enter the amount contributed by the employer to the plan for this plan year	12c	ľ	**************************************
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).	Ĭ		
e 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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13a Has a resolution to terminate the plan been adopted in any plan year?	$\overline{\mathbf{X}}$	es N	o
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	<u> </u>	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	z tha a santunt		X Yes No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth assets or liabilities were transferred. (See instructions.)	an(s) to		A res [NO
13c(1) Name of plan(s):	13c(2) Eli	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)	······································	· · · · · · · · · · · · · · · · · · ·	
14a Name of trust	14b Tr	ıst's EIN	
	77		