## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2012

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

**Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **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) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit PACIFICA MARINE, INC. 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PACIFICA MARINE, INC. 91-1784782 (EIN) Sponsor's telephone number 206-764-1646 PO BOX 81106 SEATTLE, WA 98108 Business code (see instructions) 488210 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 5<sub>b</sub> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If 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 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Filed with authorized/valid electronic signature. 07/30/2013 **BILL PATZ** SIGN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date 07/30/2013 SIGN Filed with authorized/valid electronic signature. **BILL PATZ HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's telephone number (optional)

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Part III Financial Information									
			(a) Deninning of Vec				(h) Fud of Voor		
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a	12653	3			75519		
	Total plan liabilities	7b	40050	10			75540		
	Net plan assets (subtract line 7b from line 7a)	7c	12653	3		75519			
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	1753	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17533		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6854	7					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					68547		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-51014		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	, ,	l						
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
b	<ul> <li>ZE 2F 2G 2J 3D</li> <li>If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>								
Part	V Compliance Questions								
10	During the plan year:			T	Yes I	No	Amarint		
a	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		X	Amount		
b		? (Do not	include transactions reported	10b		X			
	Was the plan covered by a fidelity bond?					X			
	<u> </u>			10c					
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			
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ			
	Did the plan have any participant loans? (If "Yes," enter amount a					Χ			
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X			
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the applied under 20 CFR 2520.10.	ne require	d notice or one of the						
Dort	exceptions to providing the notice applied under 29 CFR 2520.10	ı -J		10i					
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  Yes X No									
11a	5500) and line 11a below)								
12	2 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	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru			er th Day	e date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year				12	2b			

c	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 confidence of the PBGC?	ontrol		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) twich assets or liabilities were transferred. (See instructions.)	0		_
1	3c(1) Name of plan(s):	3 <b>c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII   Trust Information (optional)			
	Name of trust FICA MARINE, INC. 401(K) PROFIT		rust's EIN 10730105	

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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 I Annual Report Identification Information	nee was alle made	CHOILS TO THE LOUIS COO	0-01 ,	1				
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12	2/31/2012				
A This return/report is for: x a single-employer plan a	multiple-employer p	ian (not multiemployer)	#					
B This return/report is:				<del>-</del>				
an amended return/report a	short plan year retu	m/report (less than 12 m	onths)					
	utomatic extension	, ,	[	DFVC progra	ım			
special extension (enter description)			į					
Part II Basic Plan Information enter all requested information	ation							
1a Name of plan	44011		1b	Three-digit				
Pacifica Marine, Inc. 401(K) Profit Sharing Pl	lan			plan number	001			
The state of the s			1c	(PN) ► Effective date o				
			01/01/2002					
2a Plan sponsor's name and address; include room or suite number (emp Pacifica Marine, Inc.	ployer, if for a single	-employer plan)	2b Employer Identification Number					
addition installed inc.			(EIN) 91-1784782					
			2C Sponsor's telephone number (206) 764-1646					
PO Box 81106			2d					
US SEATTLE WA 98108			2d Business code (see instructions) 488210					
3a Plan administrator's name and address X Same as Plan Sponsor N	lame 🔲 Same as	Plan Sponsor Address	3b	Administrator's	EIN			
			3c Administrator's telephone number					
4 If the name and/or EIN of the plan sponsor has changed since the last	4b EIN							
name, EIN, and the plan number from the last return/report.								
a Sponsor's name		4c PN 4						
5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year					4			
C Number of participants with account balances as of the end of the plan			5b		4			
complete this item)			5c		4			
6a Were all of the plan's assets during the plan year invested in eligible a		*****************	********	*******	X Yes No			
b Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		d public accountant (IQP	A)					
if you answered "No" to either line 6a or line 6b, the plan cannot e	,	and must instead use F	orm 5		X Yes ☐ No			
Caution: A penalty for the late or incomplete filing of this return/repo								
Under penalties of periody and other penalties set forth in the instructions.	I declare that I have	examined this return/ren	ort in	cluding if applies	able, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true correct, and complete	as the electronic ve	rsion of this return/report	, and to	the best of my	knowledge and			
	7/29/12	w/11 m .						
	SIGN //// Bill Patz							
HERE Signature of plan administrator  Date //2-5/B Enter name of individual signing as plan administrator								
SIGN Bill Patz								
HERE Signature of employed plan sponsor  Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				ual signing as employer or plan sponsor				
Treparers name (moduling firm name, in applicage) and address, include i	rount of suite number	er (optional)	Prepa	rers telephone i	number (optional)			
					ļ			
		i						

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	II en	(a) Beginning of Year			(b) End of Year				
a	Total plan assets	. 7a	126,53					75,	519	
b	Total plan liabilities	7b								
-	Net plan assets (subtract line 7b from line 7a)	. 7c	126,5	33	7!			75,	519	
	Income, Expenses, and Transfers for this Plan Year	g dent hem galantier	(a) Amount		(b) Total					
	Contributions received or receivable from: (1) Employers	8a(1)	0							
	(2) Partidpants	<del>                                     </del>		0	igail à					
	(3) Others (including rollovers)	8a(3)			200					
	Other income (loss)	8b	17,5	33	2.70					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			3	17,533				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	68,5							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			15 ± 75 14,50 °C					
g	Other expenses	8g			- 17 - 1 - 12072.			and the space of the second of		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			68,547					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(51,0		
	Transfers to (from) the plan (see instructions)	8]			18.3				i daga in	
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	ne instructio	ons:		
	2E 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	ristic	Codes	in the	e instruction	ns:		
Pa	rt V Compliance Questions									
10	10 During the plan year									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						x				
С						x		············		
d						x		····		
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	r persons l	by an insurance carrier.	10d		x		······		
f	Has the plan failed to provide any benefit when due under the plan	2		10f						
						x	<u> </u>			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x	La Line ya ki say	5.8g t 1882		
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	************	***************************************	10h		x				
<u> </u>	if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	11a Enter the amount from Schedule SB line 39							<u> 140</u>		
12										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortize	d in this plan year, see instruction	ons, a	and en		e date of the	e letter rulii Year	ng	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule									
b						12b	****			
				*******		· 4.13				

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		**************************************	1	1			
<u>C</u> _	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 negative amount)	a minus sign to the left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding dead	line?	<b></b>	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?	***************************************	□ Y	es 🗓 N	o		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	r	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	ontrol	[	Yes ☒ No			
	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s) to	)				
	3c(1) Name of plan(s):	13	c(2) EIN	(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					
Pacifica Marine, Inc. 401(k) Profit				01-0730105			

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