Form 5500-SF	Short Form Annual	•	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be f	Benefit Plan	and 4065 of the Employee	e	2	2012
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act		ections 6057(b) and 6058		This Form i	s Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instru	uctions to the Form 5500)-SF.	1113	pection
Part I Annual Report Ic For calendar plan year 2012 or fisc	dentification Information al plan year beginning 01/01/2	012	and ending 1	2/31/2	2012	
	X a single-employer plan		plan (not multiemployer)	2/31/2	a one-partici	ant plan
A This return/report is for:B This return/report is:	the first return/report	the final return/report				bant plan
	an amended return/report	H	، ۱۳n/report (less than 12 mc	onths)		
C Check box if filing under:	X Form 5558	automatic extension		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DFVC progra	ım
	special extension (enter descrip					
Part II Basic Plan Inform	mation—enter all requested info	,				
1a Name of plan				1b	Three-digit	
PREMIER DEVELOPMENT, INC. 40	1(K) PROFIT SHARING PLAN				plan number (PN) ►	001
				1c	Effective date o	
					01/01	•
2a Plan sponsor's name and addr PREMIER DEVELOPMENT, INC.	ess; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 91-16	fication Number 57571
5930 N FREYA				2c	Sponsor's telep 509-48	
SPOKANE, WA 99217-6502				2d	Business code (23620	see instructions)
3a Plan administrator's name and	address Same as Plan Sponso	r Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN 57571
PREMIER DEVELOPMENT, INC.	5930 N FRE SPOKANE	YA WA 99217-6502		30		telephone number
name, EIN, and the plan num	plan sponsor has changed since th ber from the last return/report.	e last return/report filed	for this plan, enter the		EIN	
a Sponsor's name				4c	PN	
5a Total number of participants at	0 0 1 1			5a		3
	t the end of the plan year			5b		0
· ·				5c		0
6a Were all of the plan's assets of	during the plan year invested in elig	gible assets? (See instru	ictions.)			🗙 Yes 🗌 No
	he annual examination and report (See instructions on waiver eligibili					X Yes 🗌 No
	ner line 6a or line 6b, the plan ca					
Caution: A penalty for the late or						
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	i signed by an enrolled actuary, as					
	alid electronic signature.	09/18/2013	LOLA RAMEY OR RAI	NDAL	L RAMEY	
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN						
HERE Signature of employe		Date	Enter name of individu			
Preparer's name (including firm na	me, if applicable) and address; inc	lude room or suite numb	er (optional)	Prep	parer's telephone	number (optional)
	and OMB Control Numbers, see the					Form 5500-SF (2012)

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	. 7a	123335	9			0
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	123335	9			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	0-(4)					
	(1) Employers	8a(1)	4500	0			
	(2) Participants	8a(2)	4300	U			
	(3) Others (including rollovers)	8a(3)	13042	4			
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	13042	4			175404
	Benefits paid (including direct rollovers and insurance premiums						175424
	to provide benefits)	. 8d	140878	3			
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					1408783
	Net income (loss) (subtract line 8h from line 8c)	. 8i					-1233359
j	Transfers to (from) the plan (see instructions)	8j					
b Part	2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature code	es from the List of Plan Charac	cterist	ic Cod	es in th	ne instructions:
10	During the plan year:				Yes	No	Amount
a				10a		X	, unoun
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in	nclude transactions reported	10b		х	
С	Was the plan covered by a fidelity bond?			10c	Х		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the bene	fits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year ei	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
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	nts of section 412 of the Code	or se	ction 3	302 of I	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	ble.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	d in this plan year, see instructionMon		and e	enter th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	- MD /E	n EEOO) and akin to line 12				
	Enter the minimum required contribution for this plan year					12b	

С	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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-011 1210-008
Internal Revenue Service	This form is required to be filed	under sections 104	and 4065 of the Employe	e	2012
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Internal	1974 (ERISA), and s Revenue Code (the		8(a) of	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instr	ructions to the Form 550	0-SF.	
Part IAnnual Report IdFor calendar plan year 2012 or fisc	dentification Information	/01/2012	and ending		12/31/2012
A This return/report is for:			plan (not multiemployer)]	a one-participant plan
B This return/report is:		the final return/report		l	
			urn/report (less than 12 m	onths)	
C Check box if filing under:		automatic extension		[DFVC program
Ū	special extension (enter description	n)		L	
Part II Basic Plan Infor	mation—enter all requested informa				
1a Name of plan				1	Three-digit
Premier Development,	Inc. 401(k) Profit Sha	aring Plan			plan number (PN) ▶ 001
					Effective date of plan
				(01/01/2008
2a Plan sponsor's name and add PREMIER DEVELOPMENT,	ress; include room or suite number (en INC.	nployer, if for a singl	e-employer plan)		Employer Identification Number
	110.				(EIN) 91-1657571 Sponsor's telephone number
5930 N FREYA					509-483-9046
CDOKANE	MA 00015 (500				Business code (see instructions)
SPOKANE 3a Plan administrator's name and	WA 99217-6502 d address Same as Plan Sponsor Na		an Changar Address		236200 Administrator's EIN
PREMIER DEVELOPMENT,			an Sponsor Address		91-1657571
5930 N FREYA SPOKANE	WA 99217-6502				
	plan sponsor has changed since the la ber from the last return/report.	st return/report filed	for this plan, enter the	4b	
	t the beginning of the plan year			4c 5a	
	It the end of the plan year			5b	
c Number of participants with ac	ccount balances as of the end of the pl	an year (defined ber	nefit plans do not		
	during the plan year invested in eligible				X Yes 🗌 N
under 29 CFR 2520.104-46?	he annual examination and report of a (See instructions on waiver eligibility a	nd conditions.)	ied public accountant (IQ	PA) 	X Yes N
	her line 6a or line 6b, the plan canno				
	r incomplete filing of this return/repo				
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and comple	er penalties set forth in the instructions d signed by an enrolled actuary, as wel ete.	, I declare that I have I as the electronic ve	e examined this return/rep ersion of this return/report	oort, inc , and to	sluding, if applicable, a Schedule the best of my knowledge and
sign Lola +	mun	9-17-13	Lola Ramey or	Rand	all Ramey
HERE Signature of plan add		Date			ing as plan administrator
SIGN	and the second se			e gi	U DE PLAN BARMING (ULO)
HERE Signature of employe		Date	Enter name of individu	ual sign	ing as employer or plan sponsor
	me, if applicable) and address; include	room or suite numb	er (optional)	and the second se	rer's telephone number (optional)
Preparer's name (including firm nai					

Form 5500-SF 2012

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Plan Assets and Liabilities		(a) Beginning of Yea	ır 🛛		(b) End	of Year	
a Total plan assets	7a	12:	33359				
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)		123	33359				
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) T	otal	
a Contributions received or receivable from:							
(1) Employers							
(2) Participants			45000				
(3) Others (including rollovers)							
b Other income (loss)		1:	30424				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						1	7542
d Benefits paid (including direct rollovers and insurance premium to provide benefits)	8d	140	08783				
e Certain deemed and/or corrective distributions (see instructions	s) 8e						
f Administrative service providers (salaries, fees, commissions).	8f						
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							0878
i Net income (loss) (subtract line 8h from line 8c)						-12	3335
J Transfers to (from) the plan (see instructions)	····· 8j						
art V Compliance Questions		from the List of Plan Charac					
art V Compliance Questions 0 During the plan year:			Y			Amount	
art V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant cont 29 CFR 2510.3-102? (See instructions and DOL's Voluntary)	tributions within t Fiduciary Correc	he time period described in tion Program)				Amount	
art V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant cont	ributions within t Fiduciary Correc erest? (Do not inc	he time period described in tion Program)	Y	es No		Amount	
art V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant cont 29 CFR 2510.3-102? (See instructions and DOL's Voluntary b Were there any nonexempt transactions with any party-in-integet	ributions within t Fiduciary Correc erest? (Do not inc	he time period described in tion Program) lude transactions reported	10a	es No X X			5000
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