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

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.				
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 08/01/201	1	and ending	07/31/2	012			
Α .	This return/report is for: ☐ a single-employer plan ☐	a multiple-employer plan (not multiemployer) a one-participant plan						
В	This return/report is: the first return/report	the final return/report						
	an amended return/report	a short pla	ın year return/report (less than 12 ı	nonths)				
C	Check box if filing under: Form 5558	automatic	extension		X DFVC program			
	special extension (enter descriptio	n)		-	_			
Pa	rt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
	PALMER CONSTRUCTION, INC. DAVIS BACON RETIREMENT F	PLAN			plan number			
					(PN) ▶ 001			
				1c	Effective date of plan 09/08/1989			
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2b	Employer Identification Number			
	PALMER CONSTRUCTION, INC.		ren a emigra empreyer prem,		(EIN) 91-1078790			
				2c	Sponsor's telephone number			
5108	SOUTHWEST NIXON LOOP				360-674-2100			
BREI	MERTON, WA 98312			2d	Business code (see instructions)			
	<u> </u>	. "0		26	237990			
	Plan administrator's name and address (if same as plan sponsor, er PALMER CONSTRUCTION, INC. 5108 SOUTH	WEST NIX	ON LOOP	30	Administrator's EIN 91-1078790			
	BREMERTON	N, WA 983	12	3c	Administrator's telephone number 360-674-2100			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b				
_	name, EIN, and the plan number from the last return/report.			4-	4c PN			
	Sponsor's name							
5a				- Ou	90			
b	Total number of participants at the end of the plan year			. 5b	75			
С	Number of participants with account balances as of the end of the p complete this item)		•	. 5c	67			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No			
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.				
Pa –	rt III Financial Information			1				
7	Plan Assets and Liabilities		(a) Beginning of Year 3137130		(b) End of Year 2957556			
a	Total plan assets				0			
b	Total plan liabilities		3137130		2957556			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)	142008					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)		183399					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			325407			
d	Benefits paid (including direct rollovers and insurance premiums		504004					
_	to provide benefits)	. 8d	504981	_				
e	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	. 8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			504981			
i	Net income (loss) (subtract line 8h from line 8c)				-179574			
j	Transfers to (from) the plan (see instructions)	8j	0					

_				
Form	5500.	-SF	2011	

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Part IV	Plan	Characte	ristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No	Α	mount		
а	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.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X			:	300000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X				5354	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver. Mor	ıth						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
b	Enter the minimum required contribution for this plan year		-	12c				
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		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?			Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ontrol		Yes	X No	
С	C 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.)							
13c(1) Name of plan(s): 13c(2) EIN(s)							PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	use is	establ	ished.			
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					e, a Sch	edule	
SB o	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	06/25/2014	STAN PALMER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/25/2014	STAN PALMER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	artil Annual Report Identification Information							
	the calendar plan year 2011 or fiscal plan year beginning	08/01	/2011	and ending	07,	/31/2012		
<u>—</u> А	This return/report is for: 💢 a single-employer plan	a multiple-	employer plan	(not multiemployer)	Γ	a one-particip	ant plan	
В	This return/report is:	the final re	turn/report		-	-		
		a short pla	n vear return/r	eport (less than 12 mo	nths)			
_		automatic	•	.,	Г	DFVC program	n	
U	special extension (enter description)		oxtonoton.		Ĺ] Di vo piogiai		
No.							-	
	artill Basic Plan Information enter all requested inform	nation.			46.5		· ·	
Та	Name of plan					hree-digit olan number		
	STAN PALMER CONSTRUCTION, INC. DAVIS BACON RET	REMENT	PLAN			PN) ►	001	
						ffective date of	plan	
2-						9/08/1989		
Za	Plan sponsor's name and address; include room or suite number (emp STAN PALMER CONSTRUCTION, INC.	pioyer, it to	single-emplo	yer pian)	I .	Employer Identif		
	,					EIN) 91-107		
						¹ian sponsors te (360) 674-2	elephone number 100	
	5108 SOUTHWEST NIXON LOOP					<u> </u>	see instructions)	
US	BREMERTON WA 98312					237990	,	
	Plan administrator's name and address (If same as plan sponsor, ente	r "Same")			3b /	Administrator's E	EIN	
	Same							
					3c Administrator's telephone number			
<u>_</u>	If the ware and to fill of the war are not be about a first the last		منطق المطاقعة	alon onto the	4h r	TIM		
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	return/rep	ort filed for this	s pian, enter the	4b EIN			
a	Sponsor's Name				4c F	N		
	Total number of participants at the beginning of the plan year				<u>5a</u>		93	
b	Total number of participants at the end of the plan year				<u>5b</u>		75	
С	Number of participants with account balances as of the end of the plar complete this item)	-	-		5c		67	
6a	Were all of the plan's assets during the plan year invested in eligible as						X Yes No	
b	Are you claiming a waiver of the annual examination and report of an i	ndepender	nt qualified put	olic accountant (IQPA)			_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		•				X Yes No	
- 2.20	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	ind must inst	ead use Form 5500.				
****	Financial Information	9450A	/-\ D			/L\ Fd	of Voca	
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End		
a	Total plan assets	7a		3,137,130	-		2,957,556	
b	Total plan liabilities	7b		0	+		0 057 556	
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c		3,137,130 (a) Amount		(b) T	2,957,556	
o a	Contributions received or receivable from:	THE PERSON		(a) Amount		(u)		
-	(1) Employers	8a(1)		142,008				
	(2) Participants	8a(2)		0	_			
	(3) Others (including rollovers)	8a(3)		0				
þ	Other income (loss)	8b		183,399				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1/2/1 <u>/2/3/3/3/2/3/</u>			325,407	
d	Benefits paid (including direct rollovers and insurance premiums	8d		504,981				
е	to provide benefits)	8e	<u>. </u>	0		Maria Maria		
f	Administrative service providers (salaries, fees, commissions)	8f		0				
	• • • • • • • • • • • • • • • • • • • •			0			交子提出的信息	
g	Other expenses (add lines 2d, 2a, 2f, and 2a)	8g				e de la companya de	504,981	
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i					(179,574)	
;	Net income (loss) (subtract line 8h from line 8c)	8j		0	100		(179,574)	
	Transfers to (from) the plan (see instructions)	الا			医乳管过程	STATE OF THE PARTY OF THE PARTY.	Marketing and the Carlo	

	Form 5500-SF 2011	Pa	age 2-					
Part	IV Plan Characteristics							
Inches	the plan provides pension benefits, enter the applicable pension featu	re codes from the Lis	t of Plan Character	istic (Codes	in the	instructions:	
b I	2E 3D the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characteris	stic Co	odes i	n the ir	nstructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Am	ount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	o not include transac	tions reported	10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			300,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was ca	used by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of t instructions.)	he benefits under the	plan? (See	10e	х			5,354
f	Has the plan failed to provide any benefit when due under the plan?		VI 10 10 0 0 00	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? (Sec 2520.101-3.)	e instructions and 29	CFR			х		en er
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Part	VI Pension Funding Compliance							153-
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes X No
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		412 of the Code or	section	on 302	2 of ER	ISA?	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME				Г	401	1	
b	Enter the minimum required contribution for this plan year				• -	12b		
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus			•	12c 12d		
е	Will the minimum funding amount reported on line 12d be met by the						Yes [□N/A
Part								
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 emp	loyer this year		•		13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?							Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the p	olan(s) to			
1	3c(1) Name of plan(s):				13	3c(2) ⊟	IN(s)	13c(3) PN(s)
•								
Cauti	on: A penalty for the late or incomplete filing of this return/report v	vill be assessed unl	ess reasonable ca	use i	s esta	ablishe	ed.	
SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct and complete.							
200	1/1/2010	1/2/13	STAN PALMER					
SIG		Date	Enter name of ind	lividu	al siar	nina se	nlan administ	rator
(8308)		1/2/13	STAN PALMER	viuu	ui oiyi	miy as	Piari aurillist	iutoi
SIG	and Olymine	Date	Enter name of ind	lividu	al siar	ning as	employer or n	olan sponsor