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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	0-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-partici	ant plan	
		•	eturn/report	L		•	
			•	antha\			
_			in year return/report (less than 12 mo	ontns) r	7		
С	Check box if filing under:	extension		DFVC progra	m		
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested informa	ition					
1a	Name of plan			1b	Three-digit		
PACI	FIC CONSTRUCTION SYSTEMS, INC. 401(K) RETIREMENT PLAN	I			plan number		
					(PN) ▶	002	
				1c	Effective date o		
					01/01		
	Plan sponsor's name and address; include room or suite number (en IFIC CONSTRUCTION SYSTEMS, INC.	nployer, if	for a single-employer plan)		Employer Identif		er
1 70	TIO CONCINCOTION GTOTEINIO, INC.				(EIN) 84-05		
				2c	Sponsor's telep 425-45		
	116TH AVE NE, SUITE 100		•	24			
BELL	EVUE, WA 98004			2a	Business code (23890		ns)
20	Discontinuity and address (f. comments and address of the	1 "0	"	26			
	Plan administrator's name and address (if same as plan sponsor, entering CONSTRUCTION SYSTEMS, INC. 2275 116TH A	enter "Same") AVE NE, SUITE 100			Administrator's I 84-05	=IN 02260	
	BELLEVUE, W			3c	Administrator's t	elephone nun	nber
					425-455		
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year		5a			5	
b	Total number of participants at the end of the plan year		5b			5	
С	Number of participants with account balances as of the end of the pl	defined benefit plans do not					
	complete this item)			5c			4:
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	- , · · · · · · · · · · · · · · · · · ·					₩ y □	٦
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	4801271			397594	
b	Total plan liabilities	7b	0			(
С	Net plan assets (subtract line 7b from line 7a)	7c	4801271			397594	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)		-			
	(2) Participants	8a(2)	173827				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-93630				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				80197	7
d	Benefits paid (including direct rollovers and insurance premiums		007040				
	to provide benefits)	8d	827318				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	78209				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				905527	7
i	Net income (loss) (subtract line 8h from line 8c)	8i				-825330)
i	Transfers to (from) the plan (see instructions)						
,		8j					

Form 5500-SF 2011	

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Part IV	Plan	Charact	eristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	art V Compliance Questions							
0			Yes	No		Amou	ınt	
-	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections)		100	X		Aillou		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not inclu on line 10a.)	de transactions reported		X				
С	C Was the plan covered by a fidelity bond?	10c	X				5	500000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the or dishonesty?			X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by insurance service or other organization that provides some or all of the benefits instructions.)	inder the plan? (See		X				
f	f Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	h If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	s and 29 CFR		X				
i	If 10h was answered "Yes," check the box if you either provided the required not exceptions to providing the notice applied under 29 CFR 2520.101-3							
art	rt VI Pension Funding Compliance	•						
1							Yes	X No
	 Is this a defined contribution plan subject to the minimum funding requirements (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 granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55) 	this plan year, see instructions	, and e	enter th	e date of	the lette	er rulii	
b	b Enter the minimum required contribution for this plan year			12b				
С	c Enter the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (ent negative amount)			12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding dea	dline?			Yes	No)	N/A
art	rt VII Plan Terminations and Transfers of Assets							
3a	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 ye	ear1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or brought under	the co	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the pla	n(s) to	1				
1	13c(1) Name of plan(s):		13	c(2) EI	N(s)	13	3c(3)	PN(s)
	oution: A penalty for the late or incomplete filing of this return/report will be as							
Jnde	der penalties of perjury and other penalties set forth in the instructions, I declare tha	I have examined this return/re	port, ir	cluding	g, if applic	cable, a	Sche	dule

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.

SIGN	Filed with authorized/valid electronic signature.	09/19/2012	THERESE LITTON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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.

2011

OMB Nos. 1210-0110 1210-0089

Form 5500-SF (2011)

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
For	calendar plan year 2011 or fiscal plan year beginning	01/01/20	11	and ending		12/31/20	.1			
Α	This return/report is for: a single-employer plan	a multiple-	employer plar	(not multiemployer)		a one-particip	oant plan			
В	This return/report is: the first return/report	the final re	:urn/report							
	an amended return/report	an amended return/report a short plan year return/report (less than 12 m								
C	Check box if filing under: 📈 Form 5558			DFVC progre	m)					
	special extension (enter descrip									
Pa	art II Basic Plan Information—enter all requested infor	mation								
1a	Name of plan				1b	Three-digit				
	Pacific Construction Systems, Inc.					plan number	002			
	401(k) Retirement Plan									
						C Effective date of plan 01/01/1986				
2a	Plan sponsor's name and address; include room or suite number	(employer, if f	or a single-er	nployer plan)	2b Employer Idenlification Number					
	Pacific Construction Systems, Inc.					(EIN) 84-0502260				
							hone number -3000			
	2275 116th Ave NE, Suite 100				2d		see instructions)			
	Bellevue		AW.	98004	2.4	238900	ase manuonona)			
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same"			3b	Administrator's	EIN			
	Same				0					
					3c Administrator's telephone number					
4	I 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.				4-	FAM.				
-	Sponsor's name				-	PN	50			
5a	Total number of participants at the beginning of the plan year		5a 5b		53					
b							0.0			
¢	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).						4.3			
6a	Were all of the plan's assets during the plan year invested in elig	jible assets? (See Instructio	ons.)			X Yes No			
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) B	ginning of Year		(b) End	of Year			
a	Total plan assets	7a		4,801,27	1		3,975,941			
b	Total plan liabilities	7b			O		O			
C	Net plan assets (subtract line 7b from line 7a)	,,,, 7c		4,801,27	1		3,975,941			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_	(b) T	otal			
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(1) Employers			173,82	7					
	(3) Others (including rollovers)									
b	Other income (loss)			(93,630))					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						80,197			
d	Benefits paid (Including direct rollovers and insurance premiums			827,31	D.	III III III III III III III III III II				
	lo provide benefits)			071/21						
9	Certain deemed and/or corrective distributions (see instructions)			78,20	9					
f	Administrative service providers (salaries, fees, commissions)			,0/20	7					
g	Other expenses (add lines 8d, 8e, 9f, and 9g)	100			-		905,527			
h i	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)				-		(825, 330)			
i	Transfers to (from) the plan (see Instructions)			1000000						
	the state of the s	1 01 1								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Part	IV	Plan Characteristics								
	2	plan provides pension benefits, enter the applicable pension feature 2F 2G 2J 2K 3D 2T								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:									
Part	٧	Compliance Questions								
10	0 During the plan year:								mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
þ	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С		s the plan covered by a fidelity bond?			10c	Χ			50	00,000
d	or d	the plan have a loss, whether or not reimbursed by the plan's fidelishonesty?		ay(0.010000000)	10d		Х			
	inst inst	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10е		Х			
f	Has	the plan falled 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			
	252	is Is an Individual account plan, was there a blackout period? (See 0.101-3.)	************		10h		Х			
i	If 10	Th was answered "Yes," check the box If you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	e of the	101					
Part	VI	Pension Funding Compliance								
11	550	lls a defined benefit plan subject to minimum funding requirements				entropic		**********	Yes	
12	ls t	nis a defined contribution plan subject to the minimum funding requ	ulrements of section	1 412 of the Code	orse	ction 3	302 of	ERISA?	Yes	⊠ No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a walver 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									
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME				r	406	1		
		er the minimum required contribution for this plan year					12b	ļ		
C	Ente	er the amount contributed by the employer to the plan for this plan	уваг	in along to the left		***	12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d	Γ Yes Γ	I No I	T N/A
		the minimum funding amount reported on line 12d be met by the f	unding deadline?					103	110	1 1117
Part		Plan Terminations and Transfers of Assets						Yes X No		
13a		a resolution to terminate the plan been adopted in any plan year?						Yes X No		
		es," enter the amount of any plan assets that reverted to the empl								
	of th	re all the plan assets distributed to participants or beneficiaries, trans PBGC?		and the service constraint the service		*****	1111		Yes	X No
	whi	uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred, (See instructions.)	mis plan to another	plan(s), logniny u	По рган		c(2) El	IN/e\	136(3)) PN(s)
1	3c(1) Name of plan(s):			-	100	0(2)	111(0)	10010	1.4-7
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	se Is	estab	llshed.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have on the electronic vers	examined this return.	urn/rep /report	oort, in , and I	cludin o the	ig, if applical best of my k	ole, a Sch nowledge	edule and
	T	huse tellen	9.18.12	Therese Li	ttor)				
SIGN HER	1	Signature of plan administrator	Date	Enter name of l	ndividu	ıal sig	ning a	s plan admir	lstrator	
SIGI	1	O. p				1				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employ					s employer	or plan sp	onsor			

Signature of employer/plan sponsor

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