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|---|---|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|---|

|  |   |
|--|---|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>   |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |   |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>  |
| <b>D</b> Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|  |   |  |     |  |  |  |  |
|--|---|--|-----|--|--|--|--|
| <b>Part II</b>   | <b>Basic Plan Information</b> —enter all requested information  |  |     |  |  |  |  |
| <b>1a</b> Name of plan<br>LYDIG CONSTRUCTION, INC. 401(K) PLAN   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>09/01/1966</td> </tr> </table>   | <b>1b</b> Three-digit plan number (PN) ▶                     | 001 | <b>1c</b> Effective date of plan<br>09/01/1966       |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶   | 001   |  |     |  |  |  |  |
| <b>1c</b> Effective date of plan<br>09/01/1966   |   |  |     |  |  |  |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>LYDIG CONSTRUCTION, INC.<br><br><br>PO BOX 11035<br>SPOKANE, WA 99211 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>91-0672331</td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/>509-534-0451</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>236200</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>91-0672331 |     | <b>2c</b> Sponsor's telephone number<br>509-534-0451 |  | <b>2d</b> Business code (see instructions)<br>236200 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>91-0672331   |   |  |     |  |  |  |  |
| <b>2c</b> Sponsor's telephone number<br>509-534-0451   |   |  |     |  |  |  |  |
| <b>2d</b> Business code (see instructions)<br>236200   |   |  |     |  |  |  |  |

**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 accompanying schedules, statements and attachments, 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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/08/2012 | MARK D. BRAY   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|  |  |  |     |
|--|--|--|-----|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>LYDIG CONSTRUCTION, INC.<br><br>PO BOX 11035<br>SPOKANE, WA 99211   |  | <b>3b</b> Administrator's EIN<br>91-0672331  |     |
|  |  | <b>3c</b> Administrator's telephone number<br>509-534-0451   |     |
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name  |  | <b>4b</b> EIN<br><br><b>4c</b> PN  |     |
| <b>5</b> Total number of participants at the beginning of the plan year  |  | <b>5</b>   | 117 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).   |  |  |     |
| <b>a</b> Active participants.....  |  | <b>6a</b>  | 91  |
| <b>b</b> Retired or separated participants receiving benefits.....   |  | <b>6b</b>  | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....  |  | <b>6c</b>  | 26  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....   |  | <b>6d</b>  | 117 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....  |  | <b>6e</b>  | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  |  | <b>6f</b>  | 118 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....   |  | <b>6g</b>  | 107 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....   |  | <b>6h</b>  | 3   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....   |  | <b>7</b>   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>2E 2F 2G 2J 2K 3D   |  |  |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   |  |  |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  |  |  |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

|   |   |   |
|---|---|---|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|   |   | <b>2011</b>                                   |
|   |   | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>LYDIG CONSTRUCTION, INC. 401(K) PLAN                             | <b>B</b> Three-digit plan number (PN)                       | 001 |
|   |   |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>LYDIG CONSTRUCTION, INC. | <b>D</b> Employer Identification Number (EIN)<br>91-0672331 |     |

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

**1** Coverage Information:

(a) Name of insurance carrier  
 STANDARD INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 93-0242990 | 69019         | 801217                                | 107   | 01/01/2011              | 12/31/2011 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 53089                                | 0                             |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
 PLANNING CORPORATION OF AMERICA 880 CARILLON PKWY  
 ST. PETERSBURG, FL 33716

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 53089   |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|  |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |          |
|--|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 645591   |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 12211294 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|  |           |        |
|--|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 740759 |
|--|-----------|--------|

|   |              |        |  |
|---|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 70285  |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> |        |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 15094  |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 311921 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 3247   |  |

▶ LOAN PAYMENTS: ROUNDING

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 400547 |
|---------------------------|--------------|--------|

|   |           |         |
|---|-----------|---------|
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) ..... | <b>7d</b> | 1141306 |
|---|-----------|---------|

**e Deductions:**

|   |              |        |  |
|---|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 272873 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 467    |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 180454 |  |
| (4) Other (specify below) .....   | <b>7e(4)</b> | 41921  |  |

▶ LOAN ISSUES; MISC

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 495715 |
|----------------------------|--------------|--------|

|   |           |        |
|---|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b> | 645591 |
|---|-----------|--------|

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|   |                 |                 |   |
|---|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
| (A) Commissions.....  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....  |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....  | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|   |  |  |
|---|--|--|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|   |  | <b>2011</b>                                    |
|   |  | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

|  |  |
|--|--|
| <b>A</b> Name of plan<br><b>LYDIG CONSTRUCTION, INC. 401(K) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LYDIG CONSTRUCTION, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>91-0672331</b> |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**STANCORP FINANCIAL GROUP**

**93-1253576**

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

STANCORP FINANCIAL GROUP

93-1253576

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 18 50            | NONE  | 83000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
|                               |  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
|                               |  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
|                               |  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

|   |                                      |  |
|---|--------------------------------------|--|
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2011</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>LYDIG CONSTRUCTION, INC. 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|   |  |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>LYDIG CONSTRUCTION, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>91-0672331</u>     |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT A

**b** Name of sponsor of entity listed in (a): STANDARD INSURANCE COMPANY

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>93-0242990-005</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>12211294</u></span> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN



|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="font-size: 24pt; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |   |                                       |
|--|---|---------------------------------------|
| For calendar plan year 2011 or fiscal plan year beginning <span style="color: blue;">01/01/2011</span> and ending <span style="color: blue;">12/31/2011</span> |   |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">LYDIG CONSTRUCTION, INC. 401(K) PLAN</span>  | <b>B</b> Three-digit plan number (PN) ►   | <span style="color: blue;">001</span> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">LYDIG CONSTRUCTION, INC.</span>                                    | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">91-0672331</span> |                                       |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets  |                 | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 493318                | 599358          |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    | 189915                | 246337          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 12161339              | 12211294        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 740759                | 645591          |
| <b>(15)</b> Other .....   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities .....  | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 13585331              | 13702580        |

**Liabilities**

|   |           |   |     |
|---|-----------|---|-----|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   | 415 |
| <b>h</b> Operating payables .....   | <b>1h</b> |   |     |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |     |
| <b>j</b> Other liabilities .....  | <b>1j</b> |   |     |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 415 |

**Net Assets**

|   |           |          |          |
|---|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 13585331 | 13702165 |
|---|-----------|----------|----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

|  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 650311     |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 490175     |           |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> | 69150      |           |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1209636   |

**b Earnings on investments:****(1) Interest:**

|  |                 |       |       |
|--|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |       |       |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |       |       |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |       |       |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> | 13647 |       |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 13647 |

|   |                 |  |   |
|---|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....   | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|   |                 |  |   |
|---|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|   |                 | (a) Amount | (b) Total |
|---|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | -184762   |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 15094     |
| <b>c</b> Other income.....  | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1053615   |

**Expenses**

|  |              |        |        |
|--|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 886109 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....  | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 886109 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....   | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....  | <b>2i(2)</b> | 3027   |        |
| (3) Investment advisory and management fees .....  | <b>2i(3)</b> |        |        |
| (4) Other .....  | <b>2i(4)</b> | 47645  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 50672  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 936781 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 116834 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan.....   | <b>2l(1)</b> |  |        |
| (2) From this plan .....  | <b>2l(2)</b> |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MOSS ADAMS LLP (2) EIN: 91-0189318

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|   | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....  |     |    |        |
| <b>4n</b>   |     |    |        |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|   |  |  |
|---|--|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|  |  |
|--|--|
| <b>A</b> Name of plan<br><u>LYDIG CONSTRUCTION, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LYDIG CONSTRUCTION, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>91-0672331</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|  |          |          |
|--|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>93-0242990</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....  | <b>3</b> |          |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|--|

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |                              |
| <b>5</b> 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 ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....   | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|  |            |  |
|--|------------|--|
| <b>a</b> The current year .....  | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|  |            |  |
|--|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

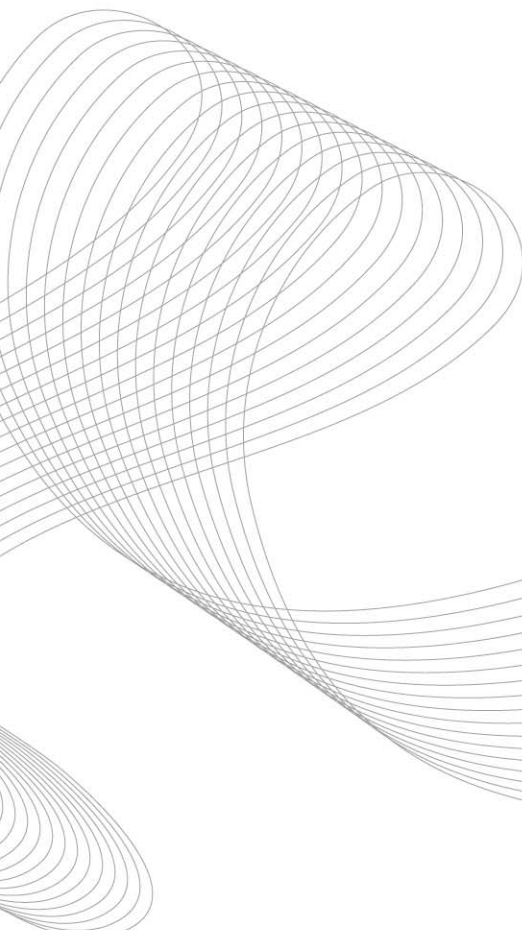
- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_



Report of Independent Auditors  
and Financial Statements  
with Supplementary Schedule for

**Lydig Construction, Inc.  
401(k) Plan**

December 31, 2011 and 2010

**MOSS ADAMS<sub>LLP</sub>**

Certified Public Accountants | Business Consultants

*Acumen. Agility. Answers.*



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## REPORT OF INDEPENDENT AUDITORS

Board of Trustees  
Lydig Construction, Inc. 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Lydig Construction, Inc. 401(k) Plan (Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplementary schedule of Schedule H, Line 4i - Schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplementary schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 8, which was certified by Standard Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

**REPORT OF INDEPENDENT AUDITORS**  
**(continued)**

Because of the significance of the information we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The supplementary schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Moss Adams LLP*

Spokane, Washington  
October 4, 2012

**LYDIG CONSTRUCTION, INC. 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

---

|  | December 31,         |                      |
|--|----------------------|----------------------|
|  | 2011                 | 2010                 |
| <b>ASSETS</b>  |                      |                      |
| Investments, at fair value   |                      |                      |
| Pooled separate accounts   | \$ 12,211,294        | \$ 12,161,339        |
| Deposit administration group annuity contract  | 674,150              | 762,982              |
|  | <u>12,885,444</u>    | <u>12,924,321</u>    |
| Receivables  |                      |                      |
| Employer contributions   | 599,358              | 493,318              |
| Notes receivable from participants   | 246,337              | 189,915              |
|  | <u>845,695</u>       | <u>683,233</u>       |
|  | <u>13,731,139</u>    | <u>13,607,554</u>    |
| <b>LIABILITIES</b>   |                      |                      |
| Other liabilities  | 415                  | -                    |
| Net assets reflecting all investment at fair value   | 13,730,724           | 13,607,554           |
| Adjustment from fair value to contract value for fully<br>benefit-responsive investment contract | <u>(28,559)</u>      | <u>(22,223)</u>      |
| Net assets available for benefits  | <u>\$ 13,702,165</u> | <u>\$ 13,585,331</u> |

**LYDIG CONSTRUCTION, INC. 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

---

|   | Year Ended<br>December 31,<br>2011 |
|---|------------------------------------|
| <hr/>   |                                    |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO                 |                                    |
| Investment income (loss)                              |                                    |
| Net depreciation in fair value of investments         | \$ (184,043)                       |
| Interest  | 15,094                             |
|   | <hr/>                              |
| Investment loss                                       | (168,949)                          |
|   | <hr/>                              |
| Interest income on notes receivable from participants | 13,647                             |
|   | <hr/>                              |
| Contributions   |                                    |
| Employer  | 599,358                            |
| Participant   | 490,175                            |
| Rollover  | 69,150                             |
|   | <hr/>                              |
|   | 1,158,683                          |
|   | <hr/>                              |
| Total additions                                       | 1,003,381                          |
|   | <hr/>                              |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO              |                                    |
| Benefits paid to participants                         | 886,108                            |
| Administrative expenses                               | 439                                |
|   | <hr/>                              |
| Total deductions                                      | 886,547                            |
|   | <hr/>                              |
| Net increase  | 116,834                            |
|   | <hr/>                              |
| NET ASSETS AVAILABLE FOR BENEFITS                     |                                    |
| Beginning of year                                     | 13,585,331                         |
|   | <hr/>                              |
| End of year   | \$ 13,702,165                      |
|   | <hr/> <hr/>                        |

## LYDIG CONSTRUCTION, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 1 – Plan Description

The following description of the Lydig Construction, Inc. 401(k) plan (Plan) provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of Plan provisions.

**General** – The Plan is a participant-directed, defined contribution plan qualifying as a salary reduction and profit sharing plan covering substantially all nonunion employees of Lydig Construction, Inc. (Company), and is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company is the Plan's sponsor and serves as Plan administrator.

**Eligibility** – All employees, with the exception of union employees, nonresident aliens, interns, and certain job specific employees will be eligible to participate in the Plan once certain eligibility requirements are met. Employees of the Company are eligible for salary deferral contributions upon reaching the age of 21 and completing three consecutive months of service. Employees are eligible for discretionary profit sharing and matching contributions if the employee has reached the age of 21, and has completed one year of service.

**Contributions** – Participation in the Plan is voluntary. Participants may elect to contribute up to the maximum amount allowable under current Internal Revenue Service limits to the Plan each year. Participants who are projected to be age 50 or older by the end of the Plan year may also make a catch-up contribution of up to \$5,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan also allows for discretionary matching and profit sharing contributions. Participants must complete at least 1,000 hours of service during the Plan year and be employed as of the last day of the Plan year to be eligible to receive any matching and/or profit sharing contributions. During 2011, the Company made matching contributions of \$128,140 and made profit sharing contributions of \$470,218. Contributions are subject to regulatory limitations.

**Participant accounts** – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### Note 1 – Plan Description (continued)

**Vesting** – Participants are fully vested in their salary deferrals plus actual earnings thereon. Vesting in the Company's discretionary matching and profit sharing contributions are based on years of service according to the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 2             | 0%                       |
| 2                       | 20%                      |
| 3                       | 40%                      |
| 4                       | 60%                      |
| 5                       | 80%                      |
| 6                       | 100%                     |

**Notes receivable from participants** – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes are secured by the balance of the participant's account and bear fixed, reasonable rates of interest, as determined by the Plan administrator. The maximum number of notes that any given participant may have outstanding at one time is two. The maximum note term is five years unless the note qualifies as a home loan in which case the term may be extended as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. As of December 31, 2011, the rate of interest on all outstanding notes ranged from 4.21% to 9.25% with various maturities through July 2026.

**Payment of benefits** – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance, annual installments, or an annuity. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

**Forfeitures** – The forfeited balances of terminated participants' nonvested accounts will be used to offset future employer contributions or pay Plan expenses as determined by the Plan administrator. Forfeitures at December 31, 2011 and 2010, were \$51,856 and \$25,591, respectively. There was \$51,856 of forfeitures allocated to the employer contributions for the year ended December 31, 2011.

#### Note 2 – Summary of Significant Accounting Policies

**Basis of accounting** – The financial statements of the Plan are prepared under the accrual method of accounting.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 2 – Summary of Significant Accounting Policies (continued)**

**Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the use of estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

**Investment valuation** – Investments are stated at fair value. For investments certified by the Plan's custodian, Standard Insurance Company, see Note 8.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

**Income recognition** – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

**Notes receivable from participants** – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable. Delinquent notes receivable from participants are recorded as distributions based on the terms of the Plan document.

**Payment of benefits** – Benefits are recorded when paid.

**Expenses** – Administrative expenses for the Plan are paid directly by either the Company or the Plan. Certain transaction fees are paid by the Plan.



## LYDIG CONSTRUCTION, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 2 – Summary of Significant Accounting Policies (continued)

**Subsequent events** – Subsequent events are events or transactions that occur after the date of the statements of net assets available for benefits but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statements of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statements of net assets available for benefits but arose after the date of the statements of net assets available for benefits and before the financial statements are available to be issued.

The Plan has evaluated subsequent events (see Note 12) through October 4, 2012, which is the date the financial statements are available to be issued.

#### Note 3 – Investments

Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

|   | 2011       | 2010       |
|---|------------|------------|
| Pooled separate accounts                      |            |            |
| Dodge & Cox Income                            | *          | \$ 775,573 |
| Vanguard Wellington Admiral                   | \$ 702,478 | 768,761    |
| T. Rowe Price Equity-Income                   | 1,047,259  | 990,538    |
| T. Rowe Price Growth Stock                    | 940,741    | 861,599    |
| Federated Mid-Cap                             | *          | 723,362    |
| T. Rowe Price Mid-Cap Growth                  | 1,049,989  | 921,149    |
| Allianz NFJ Small Cap Value                   | 717,702    | 967,474    |
| Dodge & Cox Intl Stock                        | *          | 924,877    |
| Deposit administration group annuity contract |            |            |
| Stable Asset Fund **                          | *          | 740,759    |

\* Did not exceed 5% of net assets.

\*\* Contract value has been presented for the Stable Asset Fund as it is the relevant measurement for financial statement purposes.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 3 – Investments (continued)

During 2011, the Plan's investments (including investments purchased, sold, as well as held during the year) depreciated in fair value as follows:

|                          |                     |
|--------------------------|---------------------|
| Pooled separate accounts | <u>\$ (184,043)</u> |
|--------------------------|---------------------|

#### Note 4 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- |                |  |
|----------------|--|
| <b>Level 1</b> | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets the Plan has the ability to access.   |
| <b>Level 2</b> | Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly. |
| <b>Level 3</b> | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.  |

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 4 – Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2011 and 2010:

Units held in pooled separate accounts are valued using the net asset value (NAV) of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value of a pooled separate account is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. Accordingly, the unit value for a collective investment fund is classified within Level 2 of the valuation hierarchy. The Plan invests in the following pooled separate accounts that represent 5% or more of the Plan's net assets at December 31, 2011:

**Vanguard Wellington Admiral** – The investment seeks to provide long-term capital appreciation and reasonable current income.

**T. Rowe Price Equity-Income** – The investment seeks to provide substantial dividend income as well as long-term growth of capital.

**T. Rowe Price Growth Stock** – The investment seeks long-term growth of capital and, secondarily, increasing dividend income.

**T. Rowe Price Mid-Cap Growth** – The investment seeks long-term capital appreciation. The fund normally invests at least 80% of assets in the equity securities of mid-capitalization companies.

**Allianz NFJ Small Cap Value** – The investment seeks long-term growth of capital and income. These funds have no redemption restrictions.

The Stable Asset Fund is a deposit administration group annuity contract (DA contract). The DA contract is interest-bearing with the goal of conservation of principal. The DA contract return is determined by a declared interest rate and not by the performance of the DA contract general assets. All participants who invest in the DA contract earn the same interest rate, which is a weighted-average of the interest rates on DA contract assets over the preceding five years. Interest is accrued and compounded quarterly. The fair value for the DA contract is calculated using the present value of the contract's future cash flow values discounted by the market interest rate (see Note 5). The DA contract is not actively traded and significant other observable inputs are not available. The DA contract is classified within Level 3 of the valuation hierarchy.

# **LYDIG CONSTRUCTION, INC. 401(k) PLAN** **NOTES TO FINANCIAL STATEMENTS**

## **Note 4 – Fair Value Measurements (continued)**

The following table discloses, by level, the fair value hierarchy of the Plan's assets at fair value as of December 31:

| Investment Assets at Fair Value as of December 31, 2011 |             |                      |                   |                      |
|---|-------------|----------------------|-------------------|----------------------|
|   | Level 1     | Level 2              | Level 3           | Total                |
| Pooled separate accounts:                               |             |                      |                   |                      |
| Balanced funds  | \$ -        | \$ 4,118,886         | \$ -              | \$ 4,118,886         |
| Growth funds  | -           | 5,086,800            | -                 | 5,086,800            |
| Index funds   | -           | 2,025,595            | -                 | 2,025,595            |
| Fixed income funds                                      | -           | 980,013              | -                 | 980,013              |
| Total pooled separate accounts                          | -           | 12,211,294           | -                 | 12,211,294           |
| Deposit administration group annuity contract           | -           | -                    | 674,150           | 674,150              |
|   | <u>\$ -</u> | <u>\$ 12,211,294</u> | <u>\$ 674,150</u> | <u>\$ 12,885,444</u> |
| Investment Assets at Fair Value as of December 31, 2010 |             |                      |                   |                      |
|   | Level 1     | Level 2              | Level 3           | Total                |
| Pooled separate accounts:                               |             |                      |                   |                      |
| Balanced funds  | \$ -        | \$ 3,322,294         | \$ -              | \$ 3,322,294         |
| Growth funds  | -           | 5,366,325            | -                 | 5,366,325            |
| Index funds   | -           | 1,839,634            | -                 | 1,839,634            |
| Fixed income funds                                      | -           | 1,633,086            | -                 | 1,633,086            |
| Total pooled separate accounts                          | -           | 12,161,339           | -                 | 12,161,339           |
| Deposit administration group annuity contract           | -           | -                    | 762,982           | 762,982              |
|   | <u>\$ -</u> | <u>\$ 12,161,339</u> | <u>\$ 762,982</u> | <u>\$ 12,924,321</u> |

**LYDIG CONSTRUCTION, INC. 401(k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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**Note 4 – Fair Value Measurements (continued)**

The following table discloses the summary of changes in fair value of the Plan's Level 3 investment assets:

|                            | Deposit<br>Administration<br>Group Annuity<br>Contract |
|----------------------------|--|
| Balance, beginning of year | \$ 762,982   |
| Interest                   | 15,094   |
| Purchases                  | 202,297  |
| Sales                      | (312,559)  |
| Fair value adjustment      | 6,336  |
|                            | <hr/>  |
| Balance, end of year       | \$ 674,150   |

**Note 5 – Guaranteed Investment Contract with Standard Insurance Company**

The Plan's DA contract is fully benefit-responsive and is presented at fair value on the statements of net assets available for benefits. The adjustment from fair value to contract value is based on the contract value as reported by Standard Insurance Company (which represents contributions made under the contracts, plus earnings, less withdrawals and administrative expenses). The contracts are fully benefit-responsive. For example, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The deposit administration contracts are unsecured, general account obligations of insurance companies. The obligation is backed by the general account assets of the insurance company that writes the investment contract. The crediting interest rate on the DA contract for the years ended December 31, 2011 and 2010, was 2.20% and 2.16%, respectively. The average yield earned by the Plan for the DA contract for the years ended December 31, 2011 and 2010, were 2.24% and 2.35%, respectively. The average yield is based upon annualized earnings of the investment, which may differ from the crediting interest rate, which is based upon the annualized earnings credited to participant accounts.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, may limit the Plan's ability to transact at contract value with the issuer. The Plan administrator does not believe the occurrence of such events, which would also limit the Plan's ability to transact at contract value with participants, is probable.

## LYDIG CONSTRUCTION, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 6 – Tax Status

The Plan document is a volume submitter defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, which stated the Plan is in accordance with applicable sections of the Internal Revenue Code.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements.

#### Note 7 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit. It is reasonably possible, given the level of risk associated with investment securities that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

#### Note 8 – Information Certified by the Custodian

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian, Standard Insurance Company:

|  | 2011          | 2010          |
|--|---------------|---------------|
| Pooled separate accounts   | \$ 12,211,294 | \$ 12,161,339 |
| Deposit administration group annuity contracts (at contract value) | 645,591       | 740,759       |
| Notes receivable   | 246,337       | 189,915       |
| Net depreciation in fair value of investments                      | (184,043)     | *             |
| Interest   | 15,094        | *             |
| Interest income on notes receivable from participants              | 13,647        | *             |

\*Not required to be disclosed.

## **LYDIG CONSTRUCTION, INC. 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **Note 9 – Party in Interest Transactions**

The Plan's pooled separate accounts and DA contract are managed by The Standard. Standard Insurance is the custodian of the Plan assets and an affiliate of The Standard and, therefore, these transactions qualify as party in interest transactions. The Plan also allows for loans to participants, which qualify as party in interest transactions.

#### **Note 10 – Plan Termination**

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

#### **Note 11 – Reconciliation to form 5500**

The 2011 Form 5500 has certain items of income and expense that differ from amounts shown on the accompanying statement of changes in net assets available for benefits. The differences relate to classification only and have no effect upon net assets available for benefits.

#### **Note 12 – Subsequent Event**

Effective June 1, 2012, the Company changed the Plan's custodian and record keeper from Standard Insurance Company to Putnam Investments.

**SUPPLEMENTARY SCHEDULE REQUIRED BY THE DEPARTMENT OF LABOR**



**LYDIG CONSTRUCTION, INC. 401(k) PLAN**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor's EIN: 91-0672331  
Plan Number: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description, Including<br>Maturity Date, Rate of<br>Interest, Par Value,<br>Number of Shares | December 31, 2011 |                             |
|-----|--|---|-------------------|-----------------------------|
|     |  |   | (d)<br>Cost       | (e)<br>Current Value        |
|     | Pooled separate accounts:                                      |   |                   |                             |
| *   | Dodge & Cox Income   | Pooled separate account   | **                | \$ 486,092                  |
| *   | Vanguard Wellington Admiral                                    | Pooled separate account   | **                | 702,478                     |
| *   | T. Rowe Price Equity-Income                                    | Pooled separate account   | **                | 1,047,259                   |
| *   | Vanguard 500 Index Signal                                      | Pooled separate account   | **                | 497,797                     |
| *   | T. Rowe Price Growth Stock                                     | Pooled separate account   | **                | 940,741                     |
| *   | Federated Mid-Cap  | Pooled separate account   | **                | 482,216                     |
| *   | T. Rowe Price Mid-Cap Growth                                   | Pooled separate account   | **                | 1,049,989                   |
| *   | Harbor Capital Appreciation                                    | Pooled separate account   | **                | 446,694                     |
| *   | Allianz NFJ Small Cap Value                                    | Pooled separate account   | **                | 717,702                     |
| *   | Fidelity Advisor Small Cap                                     | Pooled separate account   | **                | 84,441                      |
| *   | Mainstay Map   | Pooled separate account   | **                | 125,328                     |
| *   | Templeton Global Bond Adv                                      | Pooled separate account   | **                | 572,867                     |
| *   | Columbia Acorn Internation                                     | Pooled separate account   | **                | 40,802                      |
| *   | Vanguard Small Cap Index Signal                                | Pooled separate account   | **                | 199,877                     |
| *   | Vanguard Energy Inv  | Pooled separate account   | **                | 494,473                     |
| *   | Artisan Mid Cap Value  | Pooled separate account   | **                | 675,157                     |
| *   | Lazard Emerging Markets Instl                                  | Pooled separate account   | **                | 580,092                     |
| *   | American Century Infladj bd iv                                 | Pooled separate account   | **                | 428,635                     |
| *   | Pimco Total Return Instl                                       | Pooled separate account   | **                | 587,995                     |
| *   | JP Morgan High Yield Bnd Select                                | Pooled separate account   | **                | 522,873                     |
| *   | Nuveen Real Estate Sec I                                       | Pooled separate account   | **                | 524,811                     |
| *   | Thornburg Interntl Value                                       | Pooled separate account   | **                | 358,191                     |
| *   | Dodge & Cox Intl Stock   | Pooled separate account   | **                | 492,681                     |
| *   | Vanguard Health Care   | Pooled separate account   | **                | 152,103                     |
|     | Deposit adminstration group annuity contract                   |   |                   |                             |
| *   | Stable Asset Fund  | Group annuity contract  | **                | 645,591                     |
| *   | Participant loans  | 4.21% - 9.25%   | ---               | 246,337                     |
|     |  |   |                   | <u><u>\$ 13,103,222</u></u> |

\* Party in interest transaction as defined by ERISA.

\*\* The cost of participant directed investments is not required to be disclosed.

|   |   |   |
|---|---|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div><br><br>This Form is Open to Public Inspection |
|---|---|---|

|  |   |
|--|---|
| <b>Part I Annual Report Identification Information</b>   |   |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |   |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____                        |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input type="checkbox"/>  |
| <b>D</b> Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description) _____                           |

|  |   |  |     |  |  |  |  |  |  |  |  |
|--|---|--|-----|--|--|--|--|--|--|--|--|
| <b>Part II Basic Plan Information</b> —enter all requested information   |   |  |     |  |  |  |  |  |  |  |  |
| <b>1a</b> Name of plan<br>LYDIG CONSTRUCTION, INC. 401(K) PLAN   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>1c</b> Effective date of plan<br/>09/01/1966</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>2b</b> Employer Identification Number (EIN)<br/>91-0672331</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>2c</b> Sponsor's telephone number<br/>509-534-0451</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>2d</b> Business code (see instructions)<br/>236200</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 001 | <b>1c</b> Effective date of plan<br>09/01/1966 |  | <b>2b</b> Employer Identification Number (EIN)<br>91-0672331 |  | <b>2c</b> Sponsor's telephone number<br>509-534-0451 |  | <b>2d</b> Business code (see instructions)<br>236200 |  |
| <b>1b</b> Three-digit plan number (PN) ▶   | 001   |  |     |  |  |  |  |  |  |  |  |
| <b>1c</b> Effective date of plan<br>09/01/1966   |   |  |     |  |  |  |  |  |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br>91-0672331   |   |  |     |  |  |  |  |  |  |  |  |
| <b>2c</b> Sponsor's telephone number<br>509-534-0451   |   |  |     |  |  |  |  |  |  |  |  |
| <b>2d</b> Business code (see instructions)<br>236200   |   |  |     |  |  |  |  |  |  |  |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>LYDIG CONSTRUCTION, INC.<br><br><br>PO BOX 11035<br><div style="text-align: right;">11001 E MONTGOMERY</div><br>SPOKANE WA 99211 SPOKANE WA 99211 |   |  |     |  |  |  |  |  |  |  |  |

**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 accompanying schedules, statements and attachments, 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.

|                  |                                    |         |  |
|------------------|------------------------------------|---------|--|
| <b>SIGN HERE</b> |                                    | 10-8-12 | MARK D. BRAY   |
|                  | Signature of plan administrator    | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |         |  |
|                  | Signature of employer/plan sponsor | Date    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |         |  |
|                  | Signature of DFE                   | Date    | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|  |  |  |  |  |
|--|--|--|--|--|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>LYDIG CONSTRUCTION, INC.<br><br>PO BOX 11035<br><br>SPOKANE WA 99211  |  | <b>3b</b> Administrator's EIN<br>91-0672331                |  |  |
|  |  | <b>3c</b> Administrator's telephone number<br>509-534-0451 |  |  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name  |  | <b>4b</b> EIN<br><br><b>4c</b> PN                          |  |  |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>   | 117  |  |  |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).   |  |  |  |  |
| <b>a</b> Active participants.....  | <b>6a</b>  | 91   |  |  |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b>  | 0  |  |  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....  | <b>6c</b>  | 26   |  |  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....   | <b>6d</b>  | 117  |  |  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....  | <b>6e</b>  | 1  |  |  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>  | 118  |  |  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....   | <b>6g</b>  | 107  |  |  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....   | <b>6h</b>  | 3  |  |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>   |  |  |  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>2E      2F      2G      2J      2K      3D  |  |  |  |  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   |  |  |  |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   |  |  |  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  |  |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>a Pension Schedules</b><br/>           (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br/><br/>           (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br/><br/>           (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary         </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>b General Schedules</b><br/>           (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br/>           (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br/>           (3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br/>           (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br/>           (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br/>           (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         </td> </tr> </table> |  |  | <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary   | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |  |  |  |

**LYDIG CONSTRUCTION, INC. 401(k) PLAN**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor's EIN: 91-0672331  
Plan Number: 001

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description, Including<br>Maturity Date, Rate of<br>Interest, Par Value,<br>Number of Shares | December 31, 2011 |                      |
|-----|--|---|-------------------|----------------------|
|     |  |   | (d)<br>Cost       | (e)<br>Current Value |
|     | Pooled separate accounts:                                      |   |                   |                      |
| *   | Dodge & Cox Income   | Pooled separate account   | **                | \$ 486,092           |
| *   | Vanguard Wellington Admiral                                    | Pooled separate account   | **                | 702,478              |
| *   | T. Rowe Price Equity-Income                                    | Pooled separate account   | **                | 1,047,259            |
| *   | Vanguard 500 Index Signal                                      | Pooled separate account   | **                | 497,797              |
| *   | T. Rowe Price Growth Stock                                     | Pooled separate account   | **                | 940,741              |
| *   | Federated Mid-Cap  | Pooled separate account   | **                | 482,216              |
| *   | T. Rowe Price Mid-Cap Growth                                   | Pooled separate account   | **                | 1,049,989            |
| *   | Harbor Capital Appreciation                                    | Pooled separate account   | **                | 446,694              |
| *   | Allianz NFJ Small Cap Value                                    | Pooled separate account   | **                | 717,702              |
| *   | Fidelity Advisor Small Cap                                     | Pooled separate account   | **                | 84,441               |
| *   | Mainstay Map   | Pooled separate account   | **                | 125,328              |
| *   | Templeton Global Bond Adv                                      | Pooled separate account   | **                | 572,867              |
| *   | Columbia Acorn Internation                                     | Pooled separate account   | **                | 40,802               |
| *   | Vanguard Small Cap Index Signal                                | Pooled separate account   | **                | 199,877              |
| *   | Vanguard Energy Inv  | Pooled separate account   | **                | 494,473              |
| *   | Artisan Mid Cap Value  | Pooled separate account   | **                | 675,157              |
| *   | Lazard Emerging Markets Instl                                  | Pooled separate account   | **                | 580,092              |
| *   | American Century Infladj bd iv                                 | Pooled separate account   | **                | 428,635              |
| *   | Pimco Total Return Instl                                       | Pooled separate account   | **                | 587,995              |
| *   | JP Morgan High Yield Bnd Select                                | Pooled separate account   | **                | 522,873              |
| *   | Nuveen Real Estate Sec I                                       | Pooled separate account   | **                | 524,811              |
| *   | Thornburg Interntl Value                                       | Pooled separate account   | **                | 358,191              |
| *   | Dodge & Cox Intl Stock   | Pooled separate account   | **                | 492,681              |
| *   | Vanguard Health Care   | Pooled separate account   | **                | 152,103              |
|     | Deposit adminstration group annuity contract                   |   |                   |                      |
| *   | Stable Asset Fund  | Group annuity contract  | **                | 645,591              |
| *   | Participant loans  | 4.21% - 9.25%   | ---               | 246,337              |
|     |  |   |                   | <u>\$ 13,103,222</u> |

\* Party in interest transaction as defined by ERISA.

\*\* The cost of participant directed investments is not required to be disclosed.