Department of the Treasury Internal Revenue Services Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor The Internal Revenue Code (the Code). This Form is Open to Pull Inspection Periodie Benefit Guaranty Comparison - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Pull Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Pull Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Pull Inspection Part I Annual Report Identification Information - Complete all entries in accordance with the instructions to the Form 5500-SF. a one-participant plan A This return/report is for: a single-employer plan a multiple-employer plan (not multimeployer) a one-participant plan B This return/report is in the first return/report a short plan year sequence of the final return/report D FVC program B Administrator's name and address; include room or suite number (employer, if for a single-employer plan) PACIFIC CONSTRUCTION SYSTEMS, INC. 202 Fornsor's telephone number 4256455-3000 2275 116TH AVE NE, SUITE 100 BELLEVUE, WA 9	Form 5500-SF	Short Form Annual	•	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Puil Inspection Penaton Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Puil Inspection Por calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan and multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) DFVC program 002 Part II Basic Plan Information—enter all requested information 1 1A Name of plan 1b Three-digit plan number (PN) \right 002 002 2275 116TH AVE NE, SUITE 100 226 Sponsor's telephone number 425-455-3000 24 Business code (see instructor 23990) 33 Plan administrator's name and address Same as Plan Sponsor Address 3b Administrator's telephone number 425-455-3000 BELLEVUE, WA 98004 Sare as Plan Sponsor Address 3b Administrator's tele		This form is required to be fi		nd 4065 of the Employe	е	2	2012
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is the first return/report a short plan year zeturn/report a short plan year zeturn/report C C check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) • 002 Ic Effective date of plan PACIFIC CONSTRUCTION SYSTEMS, INC. 401(K) RETIREMENT PLAN 1b Three-digit plan number (PN) • 002 Ic Effective date of plan 01/01/1986 2c Sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2c Sponsor's telephone number 425-455-3000 2275 116TH AVE NE, SUITE 100 BELLEVUE, WA 98004 3b Administrator's stelephone number 425-455-3000 23890 34 Ithe name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN		Retirement Income Security Act	of 1974 (ERISA), and se	ctions 6057(b) and 6058		This Form i	•
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan year return/report (less than 12 months) a one-participant plan C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 Three-digit plan number (PN) (PN) (PN) (PN) (PN) (PN) (PN) (PN)			ordance with the instruc	ctions to the Form 550	0-SF.	Ins	spection
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PACIFIC CONSTRUCTION SYSTEMS, INC. 401(K) RETIREMENT PLAN plan number (PN) ▶ 002 1c Effective date of plan 01/01/1986 01/01/1986 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PACIFIC CONSTRUCTION SYSTEMS, INC. 2b Employer Identification Number (EIN) 84-0502260 2c Sponsor's telephone number 425-455-3000 2c Sponsor's telephone number 425-455-3000 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address PACIFIC CONSTRUCTION SYSTEMS, INC. 2275 116TH AVE NE, SUITE 100 BELLEVUE, WA 98004 3b Administrator's EIN 84-0502260 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address PACIFIC CONSTRUCTION SYSTEMS, INC. 2275 116TH AVE NE, SUITE 100 BELLEVUE, WA 98004 3b Administrator's EIN 84-0502260 3c Administrator's telephone num 425-455-3000 3c Administrator's telephone num 425-455-3000 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN		mation—enter all requested infor	mation				
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PACIFIC CONSTRUCTION SYSTEMS, INC. (EIN) 84-0502260 2275 116TH AVE NE, SUITE 100 2c Sponsor's telephone number 425-455-3000 2d Business code (see instruction 238900 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address PACIFIC CONSTRUCTION SYSTEMS, INC. 2275 116TH AVE NE, SUITE 100 BELLEVUE, WA 98004 3b Administrator's EIN 84-0502260 3c Administrator's telephone num 425-455-3000 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN					1c		•
2275 116TH AVE NE, SUITE 100 2c Sponsor's telephone number 425-455-3000 2d Business code (see instruction 238900 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address PACIFIC CONSTRUCTION SYSTEMS, INC. 2275 116TH AVE NE, SUITE 100 BELLEVUE, WA 98004 3b Administrator's telephone num 425-455-3000 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN			(employer, if for a single-	employer plan)	2b		
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3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN PACIFIC CONSTRUCTION SYSTEMS, INC. 2275 116TH AVE NE, SUITE 100 3c Administrator's telephone num 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN					2d	Business code	(see instructions)
BELLEVUE, WA 98004 C Administrator's telephone num 425-455-3000 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN				n Sponsor Address	3b	Administrator's	EIN
		BELLE VOL,	WA 30004		50		
	name, EIN, and the plan num		e last return/report filed fo	or this plan, enter the			
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a		t the beginning of the plan year				PN	53
 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year 		8 8 1 9					44
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not	C Number of participants with a	ccount balances as of the end of the	e plan year (defined bene	efit plans do not			44
complete this item)							
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	b Are you claiming a waiver of	the annual examination and report of	of an independent qualifie	ed public accountant (IQI	PA)		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	If you answered "No" to eit	her line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form	5500.	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							abla a Cabadula
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge an belief, it is true, correct, and complete.	SB or Schedule MB completed and	d signed by an enrolled actuary, as					
SIGN Filed with authorized/valid electronic signature. 03/28/2013 CARLA JENSEN	SIGN Filed with authorized/v	alid electronic signature.	03/28/2013	CARLA JENSEN			
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	ministrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator
SIGN	SIGN						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon	Signature of employ				ual sig	gning as employe	er or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	Preparer's name (including firm na	me, if applicable) and address; inclu	ude room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (For Paperwork Reduction Act Notice	and OMB Control Numbers see the in	nstructions for Form 5500-	SF.			Form 5500-SF (2012)

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	397594	1			4177925
b Total plan liabilities	7b		0			1271
C Net plan assets (subtract line 7b from line 7a)	7c	397594	1			4176654
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	80(1)					
(1) Employers		13379	2			
(2) Participants		303				
(3) Others (including rollovers) b Other income (loss)		54999				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		04999	3			686822
d Benefits paid (including direct rollovers and insurance premiums						000022
to provide benefits)		47083	7			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	1527	2			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		486109
i Net income (loss) (subtract line 8h from line 8c)				_		200713
J Transfers to (from) the plan (see instructions)	····· 8j					
 b If the plan provides welfare benefits, enter the applicable welfar Part V Compliance Questions 						
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant contr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F 			10a		х	
b Were there any nonexempt transactions with any party-in-inter on line 10a.)	· ·	•	10b		x	
C Was the plan covered by a fidelity bond?			10c	X		500000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	x		12996
f Has the plan failed to provide any benefit when due under the plan?			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amour	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х	
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				х	
If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.	•		10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum fund	ing requirements	s of section 412 of the Code	e or se	ection :	302 of El	RISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel	ow, as applicabl	e.)				
a If a waiver of the minimum funding standard for a prior year is a granting the waiver.		Mon		, and e	enter the Day	date of the letter ruling Year
Keese and the difference of the second statistics of the second statist		FEOO) and alsin to line 40				
If you completed line 12a, complete lines 3, 9, and 10 of Sched	dule MB (Form	5500), and skip to line 13.			12b	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Foi	rm 5500-SF	Short Form Annual Re	turn/Report o	f Small Employ	yee		OMB Nos 1210-0110 1210-0089
Department of the Trassury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					e		2012
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).					This Form I	s Open to Public	
Pension B	eneill Guaranty Corporation	Complete all entries in accorda	ince with the instruc	tions to the Form 550	0-SF.	Ins	spection
Part I		lentification Information					
For calend	ar plan year 2012 or fisc		01/2012	and ending		12/31/201	2
A This ret	turn/report is for:	X] a single-employer plan	a mulliple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This rel	lurn/report is:	the first return/report	he final return/report				
<i>20</i>	[] an amended return/report 🛛 🗍 a	short plan year return	h/report (less than 12 m	onths)		
C Check	box If filing under:	Form 5558	utomatic extension			DFVC progra	зiγi
		special extension (enter description)				
Part II	Basic Plan Inform	nation-enter all requested informat	ion				
1a Name					1b	Three-digit	
PACIFI	C CONSTRUCTION	SYSTEMS, INC. 401(K) R	ETIREMENT PLA	712		plan number	002
×.					10	(PN) F Effective date c	
						01/01/1986	
2a Plans	ponsor's name and addr	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Ident	
Pacifi	c Construction	Systems, Inc.				(EIN) 84-050)2260
2275 1	16th Ave Ne, Su	100 JAO			20	Sponsor's telep	
	TOOH AVE NE, DI				24	425-455-3	
Bellev	ue	WA 98004			20	238900	(see instructions)
3a Plania	dministrator's name and	address Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's	EIN
	C CONSTRUCTION		L.1			84-050226	
2275 1	leth ave ne, so	JITE 100 WA 98004			30	425-455-31	telephone number 300
		lan sponsor has changed since the la	st relum/report filed fo	or this plan, enter the	4b	EIN	
	- Co	per from the last return/report.					
	or's name	the healening of the slow is at				PN	
		the beginning of the plan year			5a	····	53
		the end of the plan year			5b		4.4
compl	ete this item)	count balances as of the end of the pla	an year (denned bene	nit plans do not	5c		40
		luring the plan year invested in eligible					X Yes 🗍 No
		ne annual examination and report of ar					
lf vou	answered "No" to eith	See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500	X Yes No
		Incomplete filing of this return/repo					200000000000000000000000000000000000000
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/re	port, ii	ncluding, if applic	cable, a Schedule y knowledge and
SIGN	X all le	upe	X 3/28/13	CARLA JENSEN			
HERE	Signature of plan adm		Date	Enter name of individ	ual sir	ning as plan ad	ministrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	upl si		at of plan sponsor
Preparer's		ne, if applicable) and address; include			A140000-01400	Nonite and Sectore in an an an and	e number (optional)
0.0							
For Paperwo	ork Reduction Act Notice (and OMB Control Numbers, see the instr	uctions for Form 5500-	SF.			Form 5500-SF (2012)

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Form 5500-SF 2012

Part III | Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 3975941 4177925 a Total plan assets 7a b Total plan liabilities 0 1271 7b 3975941 4176654 C Net plan assets (subtract line 7b from line 7a) ... 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 133793 8a(2) (2) Participants 3030 (3) Others (including rollovers). 8a(3) 549999 b Other Income (loss) 8b 686822 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefils paid (Including direct rollovers and insurance premiums 470837 b8 to provide benefits) e Certain deemed and/or corrective distributions (see instructions) ... 8e 15272 f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8ġ h Total expenses (add lines 8d, 8e, 8f, and 8g) 486109 8h Net income (loss) (subtract line 8h from line 8c) 200713 81 Transfers to (from) the plan (see instructions) 8j Part IV **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D 2T 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes In the instructions Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program). 10a h Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.) 10b C Was the plan covered by a fidelity bond? 500000 Х 10c d Dld the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х or dishonesty?.. 10d e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See X 12996 instructions.) ... 100 f Has the plan falled to provide any benefit when due under the plan? х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х 10g ${f h}$ If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a bolow) Yes No 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a - If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12b

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ract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left of a (Ive amount)	12d		a 11-147 Mar	
] Yes	No No	T N
Plan Terminations and Transfers of Assets				
a resolution to terminate the plan been adopted in any plan year?		Yes X	No	
es," enter the amount of any plan assets that reverted to the employer this year	13a			
	control		Π	Yes 🕅
ring this plan year, any assets or liabilities were transferred from (his plan to another plan(s), identify the plan(s)	to			-14-2-2-20
Name of plan(s): 1	3c(2) E	IN(s)	13	3c(3) PN
	the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the e PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) th assets or liabilities were transferred. (See instructions.)	the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year	the minimum funding amount reported on line 12d be met by the funding deadline? Yes Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year 13a e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control e PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to the assets or liabilities were transferred. (See instructions.)	the minimum funding amount reported on line 12d be met by the funding deadline? Yes No Plan Terminations and Transfers of Assets a resolution to terminate the plan been adopted in any plan year? es," enter the amount of any plan assets that reverted to the employer this year e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control e PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to th assets or liabilities were transferred. (See instructions.)

14a Name of trust
14b Trust's EIN

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