Form 5500-SF Short Form Annual Return/Report of Small Emplo				/ee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2012				
Employee B	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).			ctions 6057(b) and 6058		This Form is Open to Public Inspection				
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instruc	ctions to the Form 5500	D-SF.	inspection				
Part I		entification Information			<u></u>					
_	ar plan year 2012 or fisca				2/31/2					
A This ref	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-participant plan				
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check	box if filing under:	Form 5558	DFVC program							
special extension (enter description)										
Part II	Basic Plan Inform	nation—enter all requested inform	nation							
1a Name	•				1b	Three-digit				
RBC 401(K)	& PROFIT SHARING PL	AN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						01/01/2012				
	ponsor's name and addre BROTHERS CONSTRU	ess; include room or suite number (CTION, INC.	employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 93-0517671				
6150 NE 13	7TH AVENUE				2c	Sponsor's telephone number 360-576-5359				
VANCOUVE	R, WA 98682				2d	Business code (see instructions) 236200				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's EIN				
		_	—		_	Administrator's telephone number				
 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. 										
a Spons	or's name	·			4c	PN				
5a Total	number of participants at	the beginning of the plan year			5a	a 0				
b Total number of participants at the end of the plan year					5b	111				
	· ·	count balances as of the end of the		•	-	100				
					5c					
		uring the plan year invested in eligi				X Yes 📋 No				
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.)										
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
		incomplete filing of this return/re								
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN HERE	Filed with authorized/va	lid electronic signature.	08/21/2013	MARY TURNER	RNER					
	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator						
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ter name of individual signing as employer or plan sponsor					
Preparer's		ne, if applicable) and address; inclu	de room or suite numbe			arer's telephone number (optional)				

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

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 0 341238 b Total plan assets (subtract line 7b from line 7a) 7c 0 341238 B Income, Exprese, and Transfer for the Pan Year (a) Amount (b) Total 0 a Contributions received or reservable form: 8a(1) 277860 0 341238 (b) Diters (including rollovers) 8a(2) 64022 0 0 0 (c) Diters (including rollovers) 8a(3) 0<	Part III Financial Information								
b Total plan labilities To 0 0 c Ner plan assets (subtract line 7b from line 7a)	7 Plan Assets and Liabilities	(a) Beginning of Yea		ar			(b) End of Year		
c Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a		0			341238		
8 Income, Expenses, and Transfors for this Plan Year (a) Amount (b) Total a Comfutures raceled ar neervable from: (f) Engloyers. Set(1) 277590 (b) (g) Density received ar neervable from: (f) Engloyers. Set(3) 0 (c) (g) Other (including relevance) Set(3) 0 (c) (c) (g) Other (including relevance) Set(3) 0 (c) (c) (g) Other (including relevance) Set(3) 0 (c) (c) (g) Other (including relevance) Set 0 (c) (c) (c) (g) Other (including relevance) Set 0 (c)	b Total plan liabilities	7b		0	0				
a Controlling received or receivable from: Ba(1) 277960 (2) Participants				0		341238			
(1) Employers Ba(1) 277800 (2) Participanis Ba(2) 64262 (3) Other income (loss) Ba(3) 0 (1) Deministrative service (loss) Ba(3) 0 (2) Participanis Be 7432 (2) Deministrative service provides (lasifications) Be 0 (2) Certain deemed and/or corrective distributions (see instructions) Be 0 (2) Other expenses Bg 0 0 (2) Other expenses Bg 0 0 (3) Other expenses Bg 0 0 (4) Other expenses Bg 0 0 (5) Transfers to from the plain (see instructions) Bj 34238 (5) Transfers to from the plain (see instructions) Bj 34238 (2) Compliance Questions 10	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants		a (1)	07700	~					
(a) Others (including rollovers) 8a(3) 0 7432 (b) Other income (loss) 8b 7432 349614 (c) Total income (loss) 8c 349614 349614 (c) Total income (loss) 8c 9376 349614 (c) Total income (loss) 8c 9376 349614 (c) Total income (loss) 8d 9376 90 (c) Total income (loss) 8d 91 91 (c) Total income (loss) 8d 91 91 (c) Total income (loss) 91 91 91 91 (c) Total income (loss) 91 91 91 91 91 (c) Total income (loss) 91 <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td>					_				
b Other income (loss) Bb 7492 c Total income (loss) Back (looking direct followers and insurance previous benefits) 340614 G Benefits paid (looking direct followers and insurance previous benefits) 86 0 G Contrain demond and/or corrective distributions (see instructions) 8e 0 G Other expenses. 6g 0 0 G Dubre expenses. 6g 0 88 0 G Total segments (loss) (subtract line 8h from line 8c)					_				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-	_				
d Bendits paid (including direct rollovers and insurance premiums by provide hendits)			749	2			0.400.4.4		
to provide benefits). 8d 6376 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (statarias, lees, commissions)	-	0C			-		349614		
f Administrative service providers (salaries, fees, commissions)		8d	837	6					
g Other expenses Bg 0 8376 I Notice expenses (add lines 8d, 8e, 8l, and 8g). 8h 81 341238 I Net income (loss) (subtract line 8h from line 8c). 8i 31 341238 J Transfers (torm) the plan (see instructions). 8j 31 341238 Part IV Plan Characteristics 9j 9 100 341238 Part IV Plan Characteristics 9j 9 100 341238 Part IV Plan Characteristics 9 9 100 341238 Part IV Compliance Questions 100	e Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f		0					
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g		0					
j Transfers to (from) the plan (see instructions) Bit Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 25 23 24 25 23 24 25 30 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 Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in no intermediation on intermediation on intermediations and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X 50 c Was the plan covered by a fidelity bond? 10c X 50 c Was the plan alware also, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 50 d Out or dishonesty? Insurance carrier, insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan?	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					8376		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides pension 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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 50 c Was the plan covered by a fidelity bond? 10c X 50 d User 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.) 10d X 50 f Has the plan failed to provide any benefit when due under the plan? 10f X 50 2500 101-3 10g	i Net income (loss) (subtract line 8h from line 8c)	8i					341238		
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2A 2E 2F 2G 2J 2K 2T 3D 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 20 CFR 2510.3-1022 (See instructions and DOL's Voluntary Flucicary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X 5C C Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 5C d Did the plan have a loss, whether or not reimbursed by the plan's fidelity band, that was caused by fraud or dishonesty? 10d X 5C 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.) 10d X 5C f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10	Part IV Plan Characteristics								
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	or dishonesty?			10d		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all c	of the benefit	s under the plan? (See	10e		х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						Х			
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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 below)	i If 10h was answered "Yes," check the box if you either provided th	ne required n	otice or one of the						
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 below)									
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Ye	s," see instructions and com	plete	Scheo	lule SE	3 (Form		
(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 Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
(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 Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
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									
	a If a waiver of the minimum funding standard for a prior year is bein	ng amortized	in this plan year, see instrue		, and e		•		
b Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.						
	b Enter the minimum required contribution for this plan year					12b			

С	Enter the amount contributed by the employer to the plan for this plan year						
d	•						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	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			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 1			3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN