For	Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 12' 12'	10-0110 10-0089
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	enefit Plan	d 4065 of the Employed		2	2012	<u> </u>
	Department of Labor mployee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).					This Form is Open to Public		ublic
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						Ins	pection	
Part I		entification Information		and anding 0	0/20/	2012		
_	ar plan year 2012 or fisca	<u> </u>			9/30/2			
	urn/report is for:		1 1 9 1	an (not multiemployer)		a one-particip	bant plan	
B This ret	urn/report is:		e final return/report					
_	X an amended return/report X a short plan year return/report (less than 12							
C Check b	box if filing under:		Itomatic extension			DFVC progra	Im	
		special extension (enter description)						
Part II		nation—enter all requested information	n					
1a Name	•	NUCTION SYSTEMS INC. 404/1/2) DET			1b	Three-digit plan number		
CREATEDF	ROM PACIFIC CONSTR	RUCTION SYSTEMS, INC. 401(K) RET	IREMENT PLAN			(PN)	002	
					1c	Effective date o	f plan	
						01/01	•	
2a Plan sp PACIFIC CC	consor's name and addre	ess; include room or suite number (emp //S, INC.	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 84-05	fication Num 02260	ber
2275 116TH	AVE NE, SUITE 100				2c	Sponsor's telep 425-45		
BELLEVUE,	WA 98004				2d	Business code (23890		ons)
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	3b Administrator's EIN		
	•	lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN		
a Sponse		er nom the last return/report.			4c	PN		
		the beginning of the plan year			5a			44
b Total r	number of participants at	the end of the plan year			5b			0
C Numb	er of participants with ac	count balances as of the end of the plar	n year (defined bene	fit plans do not				
		·			5c			0
		uring the plan year invested in eligible a					X Yes	No
		e annual examination and report of an See instructions on waiver eligibility and					X Yes	No
		er line 6a or line 6b, the plan cannot						
-								
Under pena SB or Sche	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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.							
SIGN	Filed with authorized/va	lid electronic signature.	11/07/2013	CARLA JENSEN				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu				
Preparer's	name (including firm nan	ne, if applicable) and address; include re	oom or suite number	(optional)	Prep	parer's telephone	number (op	tional)

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	. 7a	417792	5			0	
b Total plan liabilities	. 7b	127	'1			0	
C Net plan assets (subtract line 7b from line 7a)	7c	417665	4		0		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:			_				
(1) Employers	. 8a(1)		0				
(2) Participants	8a(2)	6671					
(3) Others (including rollovers)	8a(3)		0				
b Other income (loss)	8b	34171	9	_			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		408430	
to provide benefits)	8d	457512	3				
e Certain deemed and/or corrective distributions (see instructions)	8e		0				
f Administrative service providers (salaries, fees, commissions)	8f	996	1				
g Other expenses	. 8g		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4585084	
i Net income (loss) (subtract line 8h from line 8c)	8i					-4176654	
j Transfers to (from) the plan (see instructions)	- 8j						
Part IV Plan Characteristics	· · ·						
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Plan Chara	cterist		ies in tr		
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		x		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
C Was the plan covered by a fidelity bond?			10c	X		500000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		x		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e	x		19895	
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a	is of vear end	.)	10q		Х		
 h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instructi	ons and 29 CFR	10g		x		
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required n	otice or one of the	10i				
Part VI Pension Funding Compliance							
			nlete	Scheo	lule SB	(Form	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com		·····		Yes No	
5500) and line 11a below)					11a	Yes No	
5500) and line 11a below) 11a Enter the amount from Schedule SB line 39					11a		
5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	requirements	s of section 412 of the Code			11a		
 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding 	requirements , as applicabl	s of section 412 of the Code e.) in this plan year, see instruc	or se	ection (11a 302 of E	ERISA? Yes X No	
 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is being the minimum	requirements , as applicabling amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or se	ection (11a 302 of E enter the	ERISA? Yes X No	

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	eturn/Report of Senefit Plan	Small Emplo	yee		1210-0089	
Department of the Trassury Internal Revenue Service	This form is required to be filed	under sections 104 and				2012	
Depertment of Unbor Employee Denefits Security Administration Pension Benefit Quaranty Corporation		Revenue Code (the Co	(de).	. ,	is Open to Public spection		
Chinese I	Complete all entries in accorda	ance with the instruct	fons to the Form 650	0-5F.	.l		
Part I Annual Report I or calendar plan year 2012 or fis	dentification information	/01/2013	and ending		09/30/201	1	
This return/report is for:	pers.	a multiplo-employer pla			a one-partic	with most part of the second	
This return/report is:		the final return/report	in the monentproyery			apan pan	
The return report is,		a short plan year return/	record (less iben 12 m	unitheli			
Check box if filing under:		automatic extension	Toport (1688 that) 12 th	1011113/		110	
Check box is fairing through.	special extension (enter description	L			DFVC program		
Part II Basic Plan Info	mation-enter all requested informa	CONTRACTOR OF STREET,		-			
18 of njan				16	Three-digit		
	Construction Systems,	Inc. 403(K) R	etirement		plan number	4.0.2	
lan				1.	(PN)	202	
				1 1 6	Effective date 01/01/198		
Plan sponsor's name and add	fress; include room or suite number (en	nployer, if for a single-e	employer plan)	2b		lification Number	
acific Construction	Systeme, Inc.			1	(EIN) 84-05		
075 31 (6h Aven Ma (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			2c	Sponsor's tele		
275 116th Ave Ne, S	dice 100			-	425-455-3	the second s	
ellevue	WA 98004			20	Business code 238900	(see instructions)	
Blog administratoris sources				-	230,200		
r Plan auministrators name an	d address XSume as Plan Sponsor Na	amo Same as Plan	Sponsor Address	36	Administrator's	EIN	
ar Flan ao mining valor sing me an	d address (XSame as Plan Sponsor N	amo 🛛 Samo as Plan	Sponsor Addross	10510	III	. EIN Lielephone nomber	
				30	Administrator's	201800.00	
If the name and/or EIN of the name, EIN, and the plan hun	d address WSame as Plan Sponsor Na plan sponsor has changed since the la nber from the tast return/report,			3c 4b	Administrator': EIN	201800.00	
lf the name and/or EIN of the name, EIN, and the plan hun ส. ธัрольог's name	plan sponsor has changed since the la hber from live last return/report.	ast return/report filed for		3c 4b 4c	Administrator's	i lelephone nomber	
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If the name and/or EIN of the name, EIN, and the plan hun a Sponsor's name a Total number of participants o Total number of participants	plan sponsor has changed since the la aber from the last return/report, at the beginning of the plan year	ast return/report filed for	r this plan, enter the	3c 4b 4c	Administrator': EIN	Lielephone nomber	
If the name and/or EIN of the name, EIN, and the plan hun a Sponsor's name a Total number of participants o Total number of participants	plan sponsor has changed since the la aber from the last return/roport, at the beginning of the plan year	ast return/report filed for	r this plan, enter the	3c 4b 4c 5a	Administrator': EIN	telephone number	
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If the name and/or EIN of the name, EIN, and the plan num Sponsor's name Total number of participants Total number of participants Number of participants with a complete this form) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-487	plan sponsor has changed since the lanber from live last return/report, at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligibility the annual examination and report of a P (See Instructions on waiver eligibility	ast return/report filed for lan year (defined benef e assets? (See instruct an independent qualified and condifilons.)	r this plan, enter the fit fit plans do no: lons.) d public accountant (IC	3c 4b 4c 5a 5b 5c 5c	Administrator's EIN PN	1 lefephone nomber 4 X Yes [] N	
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If the name and/or EIN of the name, EIN, and the plan nun & Sponsor's name Total number of participants D Total number of participants D Number of participants Number of participants A Were all of the plan's assets D Are you claiming a waiver of U under 29 CFR 2520, 104-467 If you answered "No" to al aution: A penalty for the late of nder penalties of perjury and off	plan sponsor has changed since the lanber from live last return/report, at the beginning of the plan year at the end of the plan year account balances as of the end of the plan during the plan year invested in eligibility the annual examination and report of a P (See Instructions on waiver eligibility	ast return/report filed for lan year (defined benef le assets? (See instruct an independent qualified and conditions.)	r this plan, enter the fit plans do no: lons.) d public accountant (IC and must Instaad usc infeas reasonable ca axamined this return/re	3c 4b 4c 5a 5b 5c 5c 0PA) 2 Form use is sport. Ir	Administrator's	Itelephone nomber (I X Yes (N X Yes (N X Yes (N K K K K K K K K K K K K K	
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If the name and/or EIN of the name, EIN, and the plan hun Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item. Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520, 104-467 If you answored "No" to al aution: A penalty for the late of nder penallies of perjury and oth B or Schedule MB completed an ution, it is true, correct, and comp	plan sponsor has changed since the lanber from the last return/report. at the beginning of the plan year at the end of the plan year at the end of the plan year count balances as of the end of the p during the plan year invested in eligibility the annual examination and report of a 2 (See Instructions on waiver eligibility a thor line 6a or fine 6b, the plan canne or incomplete filing of this return/rep her penalties set forth in the instructions of signed by an enrolled actuary, as we light.	ast return/report filed for lan year (defined benef le assets? (See instruct an independent qualified and conditions.)	r this plan, enter the fit plans do no: lons.) d public accountant (IC and must Instaad usc infeas reasonable ca axamined this return/re	3c 4b 4c 5a 5b 5c 5c 0PA) 2 Form use is sport. Ir	Administrator's	X Yes (N X Yes (N X Yes (N X Yes (N	
If the name and/or EIN of the name, EIN, and the plan num Siponsor's name Total number of participants Total number of participants Number of participants with a complete flux from Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to al aution: A penalty for the late of nder penallies of perjury and off 3 or Schedule MB completed ar plief, it is true, correct, and completed GN	plan sponsor has changed since the lanber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the p during the plan year invested in eligibility the annual examination and report of a 2 (See Instructions on waiver eligibility a thor line 6a or time 6b, the plan canne or incomplete filling of this return/rep her penaltites set forth in the instructions of signed by an enrolled actuary, as we her the set of the set of the set of the set of the litter.	ast return/report filed for lan year (defined benef le assets? (See instruct an independent qualified and conditions.)	r this plan, enter the fit plans do no: lons.) d public accountant (IC and must instead use unless reasonable ca sxamined this return/repor Carla Jepsen	3c 4b 4c 5a 5b 5c 5c 2 Form use Is is port, ir it, and	Administrator's	I lefephone nomber (1) (1) (2) (2) (2) (2) (2) (2) (2) (2	
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If the name and/or EIN of the name, EIN, and the plan hun a siponsor's name a Total number of participants b Total number of participants complete fluction a Were all of the plan's assets b Are you claiming a waiver of under 29 CFR 2520.104-467 If you answered "No" to al aution: A penalty for the late of nder penallies of perjury and off B or Schedule MB completed ar plief, it is true, correct, and complete Signature of plan definition and the set of the set of the set of the set Signature of plan definition of the set of	P plan sponsor has changed since the lanber from the last return/report. at the beginning of the plan year at the end of the plan year during the plan year invested in eligibility the annual examination and report of a P (See instructions on waiver eligibility a thor line 5a or time 5b, the plan canne or incomplete filling of this return/rep her penalties sel forth in the instructions of signed by an enrolled actuary, as we here interval	ast return/report filed for lan year (defined benefile and condifices)	r this plan, enter the fit plans do no: lons.) d public accountant (IC and must instead use unless reasonable ca examined this return/repor Carla Jepsen Enter name of indivic	3c 4b 4c 5a 5b 5c 5c 0PA) 2 Form use is sport, ir 4, and	Administrator's	Idephone nombe Ideph	
If the name and/or EIN of the name, EIN, and the plan num Siponsor's name Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520, 104-467 If you answered "No" to al aution: A penalty for the late of nder penallies of perjury and off Bor Schedule MB completed an olidi, it is true, correct, and comp ERE Signature of plan and GN ERE	P plan sponsor has changed since the lanber from the last return/report. at the beginning of the plan year at the end of the plan year during the plan year invested in eligibility the annual examination and report of a P (See instructions on waiver eligibility a thor line 5a or time 5b, the plan canne or incomplete filling of this return/rep her penalties sel forth in the instructions of signed by an enrolled actuary, as we here interval	ast return/report filed for lan year (defined benefi la ossets? (See instruct an independent qualified and conditions.)	r this plan, enter the fit plans do no: lons.) d public accountant (IC and must instead use inters reasonable ca examined this return/repor Carla Jepsen Enter name of individ	3c 4b 4c 5a 5b 5c 5c 2PA) 2 Form use Is 1, and dual sig	Administrator's	Itelephone nomber X Yes N X Yes N X Yes N Icable, a Schedule hy knowledge and iminializator	

382

Form 5500-SF 2012

Page **2**

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year	
a Total plan assets	7a		7792	5		(b) Lind o	1 Tour	(
b Total plan liabilities	7b		127	1				(
C Net plan assets (subtract line 7b from line 7a)	70	417	7665	4				(
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) To	tal	
a Contributions received or receivable from:		(u) Anount		-		(10) 10		
(1) Employers	8a(1)			0				_
(2) Participants	8a(2)	6	5671	1			1 30	_
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b	34	1171	9		· . · · ·		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4 C	843
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	457	7512	3		11 ²		
e Certain deemed and/or corrective distributions (see instructions)	8e			0	_	_		
f Administrative service providers (salaries, fees, commissions)	8f		996	1				
g Other expenses	8g			0		1.1	1.1	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						458	508
i Net income (loss) (subtract line 8h from line 8c)	8i						-417	665
j Transfers to (from) the plan (see instructions)	8j				1.1			
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare for	eature coues	from the List of Flan Charac	Jensu	0.000	es in ui		115	
Part V Compliance Questions								
				Yes	No		Amount	
			10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	uciary Correc t? (Do not inc	tion Program)	10a 10b	Yes			Amount	
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b) Were there any nonexempt transactions with any party-in-interest 	uciary Correc t? (Do not inc	tion Program)	10b	Yes	х			0000
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Form 5500-SF 2012

Page	3	-	

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С	Enter the amount contributed by the employer to the plan for this plan year	12c	1	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes 🗌 N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			X Yes 🗌 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
	13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
<u> </u>				
Part	VIII Trust Information (optional)			
14a	Name of trust	14b า	rust's EIN	