## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	-
		dentification Information				
For	calendar plan year 2009 or fisc	al plan year beginning 07/01/200	)9	and ending 0	6/30/2	2010
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter descripti	on)			
Pa	rt II Basic Plan Infori	mation—enter all requested inform	nation			
	Name of plan				1b	Three-digit
	S BULLDOZING, INC. PROFIT	Γ SHARING PLAN				plan number
						(PN)
					1c	Effective date of plan
20	Diagram and	(	\		2h	07/01/1978
	S BULLDOZING, INC.	ress (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 91-1034196
	0 2022 020,0.				2c	Plan sponsor's telephone number
	4 - 336TH PL. S.E.					360-886-0584
RAVI	ENSDALE, WA 98051				2d	Business code (see instructions)
32	Plan administrator's name and	address (if same as Plan spensor of	ontor "Same	5"\	3h	238900 Administrator's EIN
	S BULLDOZING, INC.	address (if same as Plan sponsor, 6 31404 - 336			30	91-1034196
		RAVENSDA	LE, WA 98	051	3с	Administrator's telephone number
						360-886-0584
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	iame, Em, and the plan numbe	or from the last return/report. Opons	or 3 marrie		4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	8
b	Total number of participants a	t the end of the plan year			5b	9
С	·	rith account balances as of the end c			- 0.0	
					5c	9
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No
b				ndent qualified public accountant (IQI		X Yes ☐ No
				ions.)SF and must instead use Form 55		<u>N</u> 165   NO
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
-	Total plan assets		7a	(a) Beginning of Year 663342	2	739782
b	. ota. pian accoto					
C	'	7b from line 7a)		663342	2	739782
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece			(5) / 11104111		(14) . 2001
	(1) Employers		8a(1)		_	
	(2) Participants		8a(2)			
	(3) Others (including rollovers	s)	8a(3)			
b	Other income (loss)		8b	76440	)	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			76440
d	1 \	rollovers and insurance premiums	8d			
е	Certain deemed and/or correc	tive distributions (see instructions)	8e			
f	Administrative service provide	rs (salaries, fees, commissions)	8f			
g	Other expenses		8g			
h	·	8e, 8f, and 8g)				
i		e 8h from line 8c)				76440
j		ee instructions)				

Dart IV	Dlan	Characteristic	_
Part IV	Plan	Characteristic	Ş

SIGN HERE

Signature of employer/plan sponsor

**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 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period describe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repo on line 10a.)			Х				
С	Was the plan covered by a fidelity bond?	. 10c	Χ					60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fr or dishonesty?			X				
е	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.)	:		X				
f	Has the plan failed to provide any benefit when due under the plan?	· 10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	. 10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109		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	. 10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection 3	302 of	ERISA?		Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin			- ,				
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			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?	ught under	the co	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.)	ntify the pla	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	1	3c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reas	onable ca	use is	establ	ished.			
B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined the r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ref, it is true, correct, and complete.				·	,		
SIGI	Filed with authorized/valid electronic signature.  01/27/2011 ROBIN DAV	'IS						
HER		e of individ	ual sig	ning as	s plan adr	ninistra	tor	

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

For	art I Annual Report Identification Information	,		0.100.11					
	calendar plan year 2009 or fiscal plan year beginning 07/01/2009	<del>1</del>	and ending 0	6/30/	2010				
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	final return	n/report						
	an amended return/report	short plan	year return/report (less than 12 mor	iths)					
C	Check box if filing under: Form 5558		extension		DFVC program				
U	special extension (enter description		CATCHSION		☐ br ve program				
ъ.	■ Southern Control of the Control o	C. 14 / A	3430		A STATE OF THE STA				
- 60	art II   Basic Plan Information—enter all requested information	ation		41					
	Name of plan			70	Three-digit plan number				
recon	I'S BULLDOZING, INC. PROFIT SHARING PLAN				(PN) ▶ 001				
			Ė	1c	Effective date of plan				
	1700				07/01/1978				
	Plan sponsor's name and address (employer, if for single-employer	plan)	3 - 4 - 10 - 1	2b	Employer Identification Number				
R()	98 BULLDOZING, INC.				(EIN) 91-1034196				
3/2 /0				2c	Plan sponsor's telephone number				
	04 - 336TH PL, S E. /ENSDALE WA 98051			2d	360-886-0584  Business code (see instructions)				
o ordinist	A ABBOTTO TO THE STATE OF THE S			~u	238900				
	Plan administrator's name and address (if same as Plan sponsor, et	nter "Same	H)	3b	Administrator's EIN				
SAN	ife.			_	91-1034196				
				3C	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	360-886-0584 EIN				
	name, EIN, and the plan number from the last return/report. Sponso	r's name	percentage and plant, enter the	-+10	EIN				
				4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	8				
b	b Total number of participants at the end of the plan year				9				
C		1/2233							
	complete this item)			5c	9				
6a		le assets?	(See instructions.)	******	X Yes No				
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		X Yes No				
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information	and conditi	ons.)		Yes No				
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo	and conditi	ons.)SF and must instead use Form 55						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	and conditi	ons.)	00.	(b) End of Year				
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities	and condition 5500-	ons.) SF and must instead use Form 55 (a) Beginning of Year	00.					
7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	and condition 5500-	ons.)SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year 739782				
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b	ons.)	00.	(b) End of Year 739782 739782				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b	ons.)SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year 739782				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Foart III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	7a 7b	ons.)	00.	(b) End of Year 739782 739782				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1)	ons.)	00.	(b) End of Year 739782 739782				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Foart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7a 7b 7c 8a(1) 8a(2)	ons.)	00.	(b) End of Year 739782 739782				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fe  art III   Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2)	ons.)	00.	(b) End of Year 739782 739782				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use For art III   Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3)	ons.)	00.	(b) End of Year 739782 739782				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Feart III   Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ons.)	00.	(b) End of Year 739782 739782 (b) Total				
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Fe  art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from: (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ons.)	00.	(b) End of Year 739782 739782 (b) Total				
7 a b c 8 a b c d e	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a  If you answered "No" to either 6a or 6b, the plan cannot use Feart III   Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	ons.)	00.	(b) End of Year 739782 739782 (b) Total				
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the pount answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	ons.)	00.	(b) End of Year 739782 739782 (b) Total				
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the pour answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Other expenses	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	ons.)	00.	(b) End of Year 739782 739782 (b) Total				
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Foart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	ons.)	00.	(b) End of Year 739782 739782 (b) Total				
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the pour answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Other expenses	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	ons.)	00.	(b) End of Year 739782 739782 (b) Total				

Form	EEOC	OF	2000

Page		

Dart IV	Plan	Characteristics	
Partiv	rian	Characteristics	

Signature of employer/plan sponsor

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 3D

D	if the plan provides wellare benefits, enter the applicable wellare its	eature codes from the	EList of Plan Chara	cteris	lic Co	des in I	he instru	ctions		
Par	V Compliance Questions		Est. News							
10	During the plan year:	. a. 3893.			Yes	No	*	۸m	ount	APPENDED TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions within the time p	eriod described in	10a		X		Alli	Junt	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include tran	sactions reported	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	X					60000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idelity bond, that was	caused by fraud	10d		X		30		00000
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	er persons by an insu	rance carrier,	10a	, , , , , , , ,	х		-		
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х		- 100	o Act	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		Х				
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instructions and	29 CFR	10g 10h		Х			- 1	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or c	ne of the	10ii	10000					
Part		2	The state of the s	, , ,	-	•			200	
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	ents? (If "Yes," see in	structions and com	plete \$	Sched	ule SB	(Form	П	Yes	П №
12	Is this a defined contribution plan subject to the minimum funding r	equirements of secti	on 412 of the Code	or sec	ction 3	302 of I	FRISA2	Н	Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as application	able.)						_		
а	If a waiver of the minimum funding standard for a prior year is being	g amortized in this pl	an year, see instruc	lions,	and e	nler th	e date of	lhe le	ller ru	ling
lf :	granting the waiverou complete lines 3, 9, and 10 of Schedule	MB (Form 5500) at	Mont	n		Day _		Yea	٢	
b	Enter the minimum required contribution for this plan year				T	12b			100	
C	Enter the amount contributed by the employer to the plan for this pl	an vear			" F	12c				19.5
d	Subtract the amount in line 12c from the amount in line 12b. Enter t negative amount)	he result (enter a mi	nus sian la lha laft a	s s		12d	-2.500			
е	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?.			••	(1887) accepted to	Yes	Пк	lo [	N/A
Part	VII Plan Terminations and Transfers of Assets				*******	,	1	Ц.	<u> </u>	IWA
13a	Has a resolution to terminate the plan been adopted during the plan	n year or any prior ye	ar?					П	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the en	polover this year			Γ	13a		لسا		<u> </u>
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	Iransferred to anothe	er plan, or brought u	nder t	he co			П	Yes	⊠ No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	ກ this plan to anothe	r plan(s), identify th	e plan	(s) to	10.000		لبا		23
1	Bc(1) Name of plan(s):				130	(2) EII	V(s)		3c(3)	PN(s)
				53417						11(0)
								746		
Cauti	on: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	uniess reasonable	e Carre	en ie	etabli				
Unde SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I dealare that I have			on town town		865 ON	able, a know	Sche	edule and
SIGN	× COR	11-14-11	ROBIN DAVIS			-				
HER		Date	Enter name of inc	dividua	al sigr	ino as	plan adm	inistra	lor	
SIGN							E-mir Guitt		, Oi	
HER	Signature of employer/plan sponsor	D-4-		¥ ===		100	10.2			

Date

Enter name of individual signing as employer or plan sponsor