	Form 5500-SF			• • •	yee	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service				•	2010			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the		This Form is Open to Public			
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Inspection			
					0/04/	2014			
		7			3/31/2				
	· .					one-participant plan			
B	This return/report is for:			•					
-					nths)				
C	Check box if filing under:			extension		DFVC program			
		nation—enter all requested informa	ation		1h	Throp digit			
		SHARING PLAN				plan number			
						(PN) ▶ 001			
					1c	Effective date of plan 07/01/1978			
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1034196			
					2c	Plan sponsor's telephone number 360-886-0584			
Broth From Annual Repeating to Status Employee Bane of the Temployee Bane of the Temployee Press Status Adventues Status Adventues and Department of Loor Employee Benefic Status Adventues Code (the Code). 200 This form is required to be filed under sections 104 and AdSS of the Employee Retirement nacone Security Act of 1974 (ERISA), and section 6058(a) of the Press Demetic Guarany Corporation 200 This form is col Inspective Part II Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning Of the Press Temp of the Code). 200 This form is col Inspective Part II Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning Of the Press Temp of the Code). 200 This form is col Inspective The terum/report is for: I an amended return/report I an Ame of plan RON'S BULLDOZING, INC. PROFIT SHARING PLAN 1b Three-digit Plan number (PN) I 22 Plan sponsor's name and address (employer, if for single-employer plan) RON'S BULLDOZING, INC. 1b Three-digit Plan number (PN) I 2b Employer Identification (PN) I 2b Employer Identification (PN) I 33 APIan administrator's name and address (if same as Plan sponsor, enter "Same") RAVENSDALE, WA 98051 3b Administrator's tem 90-08050 3b Administrator's tem 90-08050 3b Administrator's tem 90-08050 4 If the name and/or EN 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. Sto		Business code (see instructions) 238900							
3a RON	Plan administrator's name and S BULLDOZING, INC.	31404 - 336T	H PL. S.E		3b	Administrator's EIN 91-1034196			
		RAVENSDAL	E, WA 96	I CL	3c	Administrator's telephone number 360-886-0584			
				port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan numbe	r from the last return/report. Sponso	rs name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	9			
b	Total number of participants at	the end of the plan year			5b	0			
C				· ·	5c	0			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No			
	,	0,				Yes No			
Pa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	739782	2	0			
b	Total plan liabilities		7b						
С	Net plan assets (subtract line 7	b from line 7a)	7c	739782	2	0			
8	•			(a) Amount	_	(b) Total			
а			8a(1)						
					1				
b	.,			23374	•				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			23374			
d	Benefits paid (including direct i	ollovers and insurance premiums	8d	760247	·				
е	,								
f	Administrative service provider	s (salaries, fees, commissions)	8f	2909)				
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			763156			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			-739782			
j	Transfers to (from) the plan (se	e instructions)	8j						

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

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 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 C	Compliance Questions							
10	During	g the plan year:		Yes	No		Αmoι	Int	
а		here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 9 10a.)	10b		X				
С	Was t	the plan covered by a fidelity bond?	10c	Х					60000
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud nonesty?	10d		X				
e	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nce service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		x				
f	Has th	e plan failed to provide any benefit when due under the plan?	10f		Х	1			
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI P	Pension Funding Compliance							
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
12	Is this	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?		Yes	No
	(If "Yes	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ng the waiver							-
lf y	/ou cor	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	Enter t	he minimum required contribution for this plan year		📘	12b				
С		the amount contributed by the employer to the plan for this plan year			12c				
d		ict the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ve amount)		🗋	12d				
е	Will the	e 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 during the plan year or any prior year?					X	Yes	No
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?					X	Yes	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to			<u>.</u>		
1	3c(1) N	lame of plan(s):		130	:(2) Ell	N(s)	1:	3 c(3) F	'N(s)
Caut	ion: A p	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establi	ished.			

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/valid electronic signature.	10/21/2011	ROBIN DAVIS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

e **Z-** '

		Return/R Benefit	Report of Small Employ	yee	OMB Nos. 1216-0110 1218-0089		
	Jahand Country Franks		FidII lions 104 and 4065 of the Employe	4	2010		
Cn	Department of Labor Retirement Income Security	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public		
P.		rdance with	the Instructions to the Form 5500)-SF,	Inspection		
	art I Annual Report Identification Information calendar plan year 2010 or fiscal plan year beginning 07/01/20	10-	and and an A	3/317	2614		
	N stanta ameteriar atas	- -		3/3 /1.			
	This return/report is for:	personal restances	nployer plan (not multiemployer) /report		📋 one-participant plan		
	an amended return/report	short plan	year relum/report (less than 12 mor	ilhs)			
C	Check bax if filing under: 🗍 Form 5558	automatic	extension		DFVC program		
	special extension (enter descript	ion)					
Pa	rt II Basic Plan Information-enter all requested inform	nation		is			
-	Name of plan			16	Thrao-digil		
RON	S BULLDOZING, INC. PROFIT SHARING PLAN			11111	plan number 001		
				10	(PN) F 001 Effective date of plan 07/01/1978		
2a	Plan sponsor's name and address (employer, if for single-employe	r pian)		2b	Employer Identification Number		
	S BULLDOZING, INC.	f0 51		2010/2017	(EIN) 01-1034196		
3141	4 - 336TH PL, S.F.			2c	Plan sponsor's telephone number 360-886-0584		
	ENSDALE WA 93051			2d	Business code (see Instructions) 238900		
3a SAM	Plan administrator's name and address (if same as Plan sponsor, E	enter *Same	")	3b	Administrator's EIN 91-1034196		
-77				3c	Administrator's telephone number 350-886-0584		
4 1	I the name and/or EIN of the plan sponsor has changed since the fa	ast return/rep	port filed for this plan, enter the	4ь	EIN		
l.	name, EIN, and the plan number from the tast return/report. Spons	er's name		4c	DN		
59	Total number of participants at the beginning of the plan year			53	9		
	Total number of participants at the end of the plan year			5b	0		
c	Total number of participants with account balances as of the end						
ine.	complete this item)			5c	0		
6a b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ons.)		X Yes 🗌 Na		
Da	If you enswered "No" to either 6a or 6b, the plan connot use in the	-orm 5500-5	SF and must instead use Form 55	00.	2000 - 11 - 112 -		
7	Plan Assels and Lisbilities	1	(a) Beginning of Year	-	(b) End of Year		
	Total plan assots		739782		0		
20	Total plan hebilities			1			
	Net plan assets (subtract line 7b from line 7a)		739782		0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Totai		
	Contributions received or receivable from:						
	(1) Employers			-			
	(2) Participants	<u>Ba(2)</u>		_			
	(3) Others (including rollovers)	10000		_			
	Other income (loss)		23374	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>	مارین از در ۲۰۰۰ مرکز بر مطالب ما		23374		
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d	760247				
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, loes, commissions)		2909	_			
g	Olher axpansas						
h	Total expenses (add linos 8d, 8e, 6f, and 8g)			-	763156		
į	Net income (loss) (subtract line 6h from line 8c)			_	-739782		
J	Transfers to (from) the plan (see instructions)	0					
Porf	aperwork Reduction Act Notice and OMB Control Numbers, see the Instruct	ions for Form	5500-SF.		Form 5500-SF (2010)		

Form 5500-SF (2010) v.002308.1

Form	5500	-SF	20	10

Plan Characteristics Part IV

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 benefils, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							1.12 1.16.91971	
10	During the plan year:				Yes	No		Amount	
В	Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510,3-102? [See instructions and DOL's Voluntary Fiduciary Co			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not on line 10a.).			105		x		0.015	
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 fidelity be or dishonesty?			10d		x			
8	Were any fees or commissions paid to any brokers, agents, or other perso insurance service or other organization that provides some or all of the ber instructions.)	nefits under ll	he plan? (See	10e		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.)		10a		X			
-	If this is an individual account plan, was linere a blackout period? (See inst 2520 101-3.)	ructions and	29 CFR	10g		x			ا با به حمله
I	If 10h was answered "Yes," check the box if you either provided the requirate exceptions to providing the notice applied under 29 CFR 2520.101-3	ed notice or c	one of the	101				1995	
Part			······					······	
11	Is this a defined benefit plan subject to minimum funding requirements? (If 5500)							Yes	No
12	is this a defined contribution plan subject to the minimum funding requirem		and the second					Yes	No No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						5070790.078.0700		Ч
स्वर-3	If a waiver of the minimum hunding standard for a prior year is being amorth granting the waiver.							e lotter rui Year	ing
lfy	rou completed lino 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	irm 5500), ai	nd skip to line 13.		Ê				
b	Enter the minimum required contribution for this plan year					12b			
	Enter the amount contributed by the employer to the plan for this plan year					120		(1000)	
d	Subtract the amount in fine 12c from the amount in line 12b. Enter the resu negative amount)				[12d			
е	Will the minimum funding amount reported on line 12d be met by the fundi	ng deadline?					Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year o	r any prior ye	sar7					X Yes	[] 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, transfer of the PBGC?							Yes	No
C	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	ian lo anothe	er plan(s), identify th	ne plai	n(s) la				
1	3c(1) Name of plan(s):				13	c(2) EIN	l(s)	13c(3)	PN(s)
<u> </u>						-			- 11-1
								1	
Carl	ion: A penalty for the late or incomplete filing of this return/report will	he assesser	unless reasonabl	le cau	ISA IS	establic	ther	1	
Unde SB a	r penalties of perfury and other penalties set forth in the instructions, I decla Schedulo MB completed and signed by an enrolled actuary, as well as the it is jue, correct, and couplete.	re that I have	e examined this retu	mirop	oorl, In	cluding,	if applical	ole, a Scho nowledge	idule and
SIG		21-11	ROBIN DAVIS						
HER	E Signature of plan administrator Date		Enler name of in	udlvidu	ial sig	ning as	plan admir	nistrator	-
SIGI			Enter name of in		at sin	ning as	emplaver	or plan son	nsor
	an al an								