Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Employee benefits Security Act of 1974 (ERISA), and sections 8057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Parate Denefits Security Act of 1974 (ERISA), and sections 8057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Parate Internation Information Parate Internation Security Act of 1974 (ERISA), and sections 8057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Parate Internation Complete all entries in accordance with the instructions to the Form 5508 SEC A This return/report iserul/report is a single-employer plan in a multiple-employer plan (not multipenployer) is a one-participant plan is pecial extension (enter description) Part II Basic Plan Information—enter all requested information 10 DFVC program Part II Basic Plan Information—enter all requested information 10 DFVC program Part II Basic Plan Information—enter all requested information 10 DFVC program Part II Basic Plan Information—enter all requested information
Department at locs Retirement Income Security Act of 1974 (ERISA), and sectors 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Paration Benefit Guaranty Corporation Retirement Income Security Act of 1974 (ERISA), and sectors 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Paration Benefit Guaranty Corporation Annual Report Identification Information and ending 12/31/2012 A This return/report is for: a single-employer plan a maneded return/report a non-participant plan a one-participant plan B This return/report is: the first return/report a short plan year return/report an amended return/report a one-participant plan C Check box if filing under: Special extension (enter description) DFVC program galate Attension (enter description) DFVC program 001 Tc Effective date of plan REECER CREEK EXCAVATING 401(K) PLAN 1b Three-digit plan number (PN) >> 001 T10 WEST UNIVERSITY WAY ELLENSBURG, WA 98926 2d Business code (see instructions) 238 Plan administrator's name and address: Some as Plan Sponsor Address 3b Administrator's Ellephone number 509-925-5692 4 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 l
Looplete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year beginning O1/01/2012 and ending 12/31/2012 A This return/report is for: A a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan be final return/report a short plan year return/report a none-participant plan be final return/report a none-participant plan be final return/report a none-participant plan be final return/report a short plan year return/report be final return/report a short plan year return/report be final return/report bo final number constant in the name and address: include room or suite number (employer, if for a single-employer plan) retecter CREEK EXCAVATING 401(K) PLAN constant summer (employer, if for a single-employer plan) retecter CREEK EXCAVATING, LLC transponsor's name and address: include room or suite number (employer, if for a single-employer plan) retecter CREEK EXCAVATING, LLC transponsor Name Shame as Plan Sponsor Address Same as Sponsor's
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)
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. 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/valid electronic signature. 10/14/2013 SHANE JUMP
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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a Total plan assets	. 7a	322811			313207			
b Total plan liabilities	. 7b	19944			1000			
C Net plan assets (subtract line 7b from line 7a)	. 7c	302867			312207			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	0-(1)	64.0	-					
(1) Employers	. 8a(1)	6127 822						
(2) Participants	. 8a(2)	02	.2					
(3) Others (including rollovers)		074	0					
b Other income (loss)	. 8b	374	.0	_		10000		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_		10689		
to provide benefits)	. 8d	101	9					
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f	33	0					
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1349		
i Net income (loss) (subtract line 8h from line 8c)	. 8i					9340		
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3B 3D b If the plan provides welfare benefits, enter the applicable welfare f 								
Part V Compliance Questions								
10 During the plan year:				Yes	No	Amount		
						, and and		
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Correc	tion Program)	10a	x		2		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correc t? (Do not inc	tion Program) lude transactions reported	10a 10b		X			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes	uciary Correc t? (Do not inc	tion Program) lude transactions reported		x x	X			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Correc t? (Do not inc s fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b		×	2		
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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	Will t	ne 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?	X	Yes No)	
	lf "Ye	es," 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 under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN