## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in a	cordance with the motion	ctions to the rollings	00-3F.		
Part			Identification Information					
For ca	lenda	r plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012	
<b>A</b> Th	is retu	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	١	a one-participant plan	
<b>B</b> Th	is retu	urn/report is:	the first return/report	X the final return/report				
			x an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	)	
<b>C</b> Ch	eck b	ox if filing under:	Form 5558	automatic extension			DFVC program	
			special extension (enter desc	ription)				
Part	: 11	Basic Plan Info	rmation—enter all requested in	formation				
<b>1a</b> Na	ame c	of plan	·			1b	Three-digit	
TD EXC	AVA	ΓING 401K PLAN					plan number	
							(PN) ▶ 001	
						1c	Effective date of plan	
<b>20</b> DI			dan and the day of the second	/	l	Ol-	09/01/2011	
TD EXC			dress; include room or suite numb	er (employer, if for a single	-employer plan)	ZD	Employer Identification Number (EIN) 80-0644297	
						2c	Sponsor's telephone number	
		SS LAKE RD.					509-656-0322	
EASTO	N, W	A 98925				2d	Business code (see instructions) 812990	
<b>3a</b> PI	an ad	Iministrator's name an	d address X Same as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's EIN	
			<u></u>	Ц	•			
						3с	Administrator's telephone number	
<b>4</b> If	tha n	ame and/or FIN of the	plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4h	EIN	
			nber from the last return/report.	the last return/report filed i	or triis plan, enter the	40	EIN	
		or's name				4c	PN	
<b>5a</b> ⊤	otal n	umber of participants	at the beginning of the plan year.			. 5a	0	
<b>b</b> T	otal n	umber of participants	at the end of the plan year			. 5b	0	
			account balances as of the end of		•	_		
	•	•					0	
			during the plan year invested in				Yes   No	
			the annual examination and report (See instructions on waiver eligible)				X Yes ☐ No	
			ther line 6a or line 6b, the plan					
			or incomplete filing of this retur					
				•			ncluding, if applicable, a Schedule	
SB or	Sche	dule MB completed ar	nd signed by an enrolled actuary,	•			0, 11	
bellet,	It IS ti	rue, correct, and comp	olete.					
SIGN	L	Filed with authorized/valid electronic signature. 01/30/2014 TRACEY DONOVAN			1			
HERE		Signature of plan ac	dministrator	Date	Enter name of indivi	dual sig	gning as plan administrator	
SIGN								
HERE		Signature of employ		Date			gning as employer or plan sponsor	
Prepai	rer's r	name (including firm na	ame, if applicable) and address; in	nclude room or suite number	er (optional)	Prep	parer's telephone number (optional)	

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar	
a	Total plan assets	7a		0			(2) =:::	<u> </u>	0	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		0					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
	Contributions received or receivable from:		(u) Amount				(2)	Otal		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							0	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							0	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	,								
	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	he instruct	ions:		
D =	(V. O. w. V. C. v. V. v. C. v. v. C. v. V. v. C. v.									
Par					V	NI -	l	_		
10	During the plan year:	tiono with:	n the time neried described in	ı	Yes	No		Amo	unt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	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				
C	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 of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h		•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10i		X				
		1-3								
Dar	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10.		^				
Par 11	t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	nplete		dule SE			Yas	X No
11	t VI Pension Funding Compliance	ents? (If "	Yes," see instructions and com	plete	<u>.</u>	dule SE			Yes	X No
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	nplete		dule SE		 Г <u>п</u>	Yes	X No
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	nplete		dule SE				
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements, as applicing amortiz	Yes," see instructions and com- ents of section 412 of the Code able.) ed in this plan year, see instruc	e or se	ction 3	dule SE  11a  302 of	ERISA?	he let	Yes ter ruli	× No
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements as applicing amortiz	Yes," see instructions and com- ents of section 412 of the Code able.) ed in this plan year, see instrue	e or se	ction 3	11a 302 of	ERISA?		Yes ter ruli	× No
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements, as applicing amortiz	Yes," see instructions and coments of section 412 of the Code able.)  ed in this plan year, see instructions	or se	ction 3	11a 302 of	ERISA?		Yes ter ruli	× No

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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	res 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 brought under the of the PBGC?	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(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust



## Before printing the attached filing, change the following setting in Adobe Reader:



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the "Choose paper source by PDF page size"
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## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program C Check box if filing under: automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number TD Excavating 401k Plan 001 (PN) 🕨 1c Effective date of plan 09/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number (EIN) 80-0644297 TD Excavating 2c Sponsor's telephone number (509) 656-0322 3872 Kachess Lake Rd. 2d Business code (see instructions) 812990 **3a** Plan administrator's name and address ⊠Same as Plan Sponsor Name ∏Same as Plan Sponsor Address 3b Administrator's EIN 3c 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 4b EIN name, EIN, and the plan number from the last return/report. 4c PΝ a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year ...... 5<sub>b</sub> c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 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. Ella a 04.28 rlacey Donovan SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date

Tracey Donovan, TD Excavating LLC

PO Box 177, Easton. WA 98925

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's telephone number (optional)

425/292-3199

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
	Total plan assets	7a	(a) Beginning of Tee		0		(b) Ella of Teal	0
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c			0			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i_	Net income (loss) (subtract line 8h from line 8c)	8i						
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	Amount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х		
				10c		Х		
	Did the plan have a loss, whether or not reimbursed by the plan's			100		Λ		
	or dishonesty?			10d		Х		
е	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or</li> </ul>							
	to a form a fill a service.			40.		v		
	instructions.)		. ,	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
f	Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a	n?s of year e	and.)					
_	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	n?s of year e	end.)	10f		Х		
_	Has the plan failed to provide any benefit when due under the plan.  Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period?	n?s of year e	end.)	10f 10g		Х		
_	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	n?s of year e	end.)	10f 10g 10h		X X X		
h	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	n?s of year e (See instrume required 1-3	and.)	10f 10g 10h 10i		X X X ule SE		X No
h i Part	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance	n?s of year e (See instrume required 1-3	d notice or one of the	10f 10g 10h 10i	<u>.</u>	X X X ule SE	Yes	
h i Part	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lit VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	n?s of year e (See instrume required 1-3	Ind.)	10f 10g 10h 10i		X X X ule SE	Yes	X No
i Part 11	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	n?s of year eguired instructions and instructions are required instructions. The requirements in the requirement i	end.)	10f 10g 10h 10i		X X X ule SE	Yes	
Part 11 11 11 12	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	s of year e (See instrume required 1-3 requirement as applications are serviced as applications are serviced as applications are serviced as applications are serviced as a service	rnd.)	10f 10g 10h 10i plete	ction 3	X X X ule SE	ERISA? Yes	ХNо
Part 11 11a 12 a	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lifted to the providing the notice applied under 29 CFR 2520.10 lifted this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	n?	ents of section 412 of the Code able.) ed in this plan year, see instructions Mor	10f 10g 10h 10i plete	ction 3	X X X ule SE 11a 302 of	ERISA? Yes	ХNо

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	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 negative amount)	(enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲 `	res X No	)
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?	d to another plan, or brought under th	e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s	i) to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	<b>13c(3)</b> PN(s)
	VIII   Trust Information (optional)		T		
14a	Name of trust		14b ⊤ı	rust's EIN	