	m 5500-SF	Short Form Annu	oyee	OMB N	Nos. 1210-0110 1210-0089					
	ment of the Treasury al Revenue Service	This form is required to be file	-	efit Plan ctions 104 and 40	065 of the Employee R	etirement				
	partment of Labor nefits Security Administration	Income Security Act of 1974	l (ERISA), a		7(b) and 6058(a) of the	6058(a) of the Internal This Form				
Pension Ber	nefit Guaranty Corporation	Complete all entries in a	accordance	e with the instru	uctions to the Form 5	500-SF.	Public Ins	spection		
Part I		dentification Information								
For calenda	ir plan year 2017 or fis	cal plan year beginning 01/01/2			0	9/30/2018	to a data harran			
A This retu	urn/report is for:	X a single-employer plan	list of	participating emp	n (not multiemployer) ( ployer information in ac		-			
<b>B</b> This retu	ro/roport in	a one-participant plan	a forei	gn plan						
	m/report is	the first return/report		al return/report						
		an amended return/report	X a short	plan year return	/report (less than 12 m	onths)				
C Check b	ox if filing under:	Form 5558	autom	atic extension		DFVC p	rogram			
		special extension (enter descr	ription)			—				
Part II	Basic Plan Info	mation—enter all requested inf	formation							
1a Name o	•					1b Thre	•			
RAYFIELD B	ROTHERS EXCAVAT	ING, INC. 401(K) PLAN FINAL RE	ETURN			plan (PN)	number	001		
						. , ,	tive date of plan			
							05/01/200			
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						oyer Identificatio			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					(EIN)				
RAYFIELD BI	AYFIELD BROTHERS EXCAVATING, INC.					2c Sponsor's telephone number 509-548-5135				
						2d Business code (see instructions)				
P. O. BOX 34	4 RTH, WA 98826-0344						238900			
	(111, 00020 0044									
3a Plan ad	Iministrator's name an	d address 🗙 Same as Plan Spor	nsor.			<b>3b</b> Admi	inistrator's EIN			
						3c Admi	inistrator's teleph	none number		
<b>4</b> If the p	ame and/or FIN of the	plan sponsor or the plan name ha	as changed	since the last re	turn/report filed for	4b EIN				
this pla	an, enter the plan spor	isor's name, EIN, the plan name a				40 EIN				
a Sponso						<b>4d</b> PN				
C Plan Na	ame									
5a Total n	umber of participants	at the beginning of the plan year				5a		16		
		at the end of the plan year				5b		0		
C Numbe	er of participants with a	ccount balances as of the end of	the plan yea	ar (only defined o	contribution plans	5c		0		
•	,	ticipants at the beginning of the pla				5d(1)		13		
		ticipants at the end of the plan yea	-			5d(2)		0		
e Number of participants who terminated employment during the plan year with accrued benefits that were less						5e		0		
than 1 Caution: A	00% vested	or incomplete filing of this return	n/report wil	ll be assessed ı	unless reasonable ca		blished.			
Under pena	lties of perjury and oth	er penalties set forth in the instruc	ctions, I dec	lare that I have e	examined this return/re	port, includi	ng, if applicable,			
	dule MB completed an rue, correct, and comp	d signed by an enrolled actuary, a lete.	as well as th		sion of this return/repor	i, and to the		wedge and		
	Filed with authorized/	valid electronic signature.	11/	13/2018	MARGARET RAYFIEI	LD				
HERE	Signature of plan ad	Iministrator	Da	te	Enter name of individ	ual signing	as plan administ	trator		
SIGN										
HERE	Signature of employ	/er/plan sponsor	Da	ite	Enter name of individ	ual signing		plan sponsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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			Faye Z		_
-	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi	dent qualified public accountai	nt (IQF	PA) Xes No
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th				
<u> </u>	III Financial Information		/ · <b>-</b> · · · · · · · · · · · · · · · · · · ·		<i></i>
<u> </u>	Plan Assets and Liabilities	7-	(a) Beginning of Year 515725		(b) End of Year
	Total plan assets Total plan liabilities	7a 7b	515725		0
 C	Net plan assets (subtract line 7b from line 7a)	70 70	515725		0
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)			
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	2638		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2638
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	518363		
е	Certain deemed and/or corrective distributions (see instructions)	8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f	0		
g	Other expenses	8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			518363
i	Net income (loss) (subtract line 8h from line 8c)	8i			-515725
j	Transfers to (from) the plan (see instructions)	8j			
Pa	rt IV Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature coo	des from the List of Plan Chara	acteris	tic Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cteristi	c Codes in the instructions:
Ра	rt V Compliance Questions				
10	During the plan year:			Yes	No Amount
ć	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction		x

	Plogram)	Tua		^	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
C	Was the plan covered by a fidelity bond?	10c	Х		40000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.).	10e	X		1183
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
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? (See instructions and 29 CFR 2520.101-3.)	10h		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			

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Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<b>Y</b>	es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	Υ	es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the letter Year _	ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			_
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termir	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	C
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF	Short Form Annua	I Return/Report	of Small Employ	ree	OMB Nos. 1210-0110
Department of the Treasury Internal Revenue Service		Benefit Plan			1210-0089
Department of Labor	This form is required to be filed Income Security Act of 1974 (E	under sections 104 and 4 ERISA), and sections 605	065 of the Employee Retir 7(b) and 6058(a) of the Int	ernal	2017
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<u></u>	Revenue Code (the Code	).	This	Form is Open to blic Inspection
(Children and Children and Chil	Complete all entries in ac	cordance with the instr	uctions to the Form 5500	-SF.	
For calendar plan year 2017 or	t Identification Information	1/01/2018	and onding	00/20/201	0
			and ending an (not multiemployer) (File	09/30/201	
A This return/report is for:	X a single-employer plan	list of participating em	ployer information in accor	dance with the fo	rm instructions.)
B This return/report is	the first return/report	the final return/report			
			n/report (less than 12 mont	hs)	
C Check box if filing under:	☐ Form 5558	automatic extension	-	DFVC program	
	special extension (enter description			DEVC program	
Part II Basic Plan Inf	ormation—enter all requested infor	mation			
1a Name of plan			1	b Three-digit	
Rayfield Brothers Ex	cavating, Inc. 401(k)	Plan Final Retu		plan number (PN) ▶	001
			1	c Effective date 05/01/200	
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. I	Boyl	2		tification Number
City or town, state or provin	ce, country, and ZIP or foreign postal		uctions)	(EIN) 91-16	
Rayfield Brothers H	Excavating, Inc.		2	C Sponsor's tele 509-548-5	
P. O. Box 344			2	d Business code 238900	e (see instructions)
Leavenworth	WA 98826-0344				
3a Plan administrator's name a	and address 🛛 Same as Plan Sponse	or.	3	<b>b</b> Administrator'	s EIN
			3	<b>c</b> Administrator	s telephone number
	he plan sponsor or the plan name has			b EIN	
a Sponsor's name Plan Name	onsor's name, EIN, the plan name and	d the plan number from th		<b>d</b> PN	
5a Total number of participant	s at the beginning of the plan year			5a	16
b Total number of participant	ts at the end of the plan year			5b	(
	n account balances as of the end of th			5c	
<b>d(1)</b> Total number of active p	articipants at the beginning of the plar	ı year		5d(1)	13
d(2) Total number of active p	articipants at the end of the plan year			5d(2)	
	o terminated employment during the p			5e	(
Caution: A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cause		
Under penalties of perjury and of SB or Schedule MB completed belief, it is true, correct, and cor	other penalties set forth in the instruction and signed by an enrolled actuary, as not signed by an enrolled actuary, as not be a set of the	ons, I declare that I have well as the electronic ver	examined this return/repor sion of this return/report, a	t, including, if app nd to the best of i	licable, a Schedule my knowledge and
SIGN Marga		/ 11/13/2018	Margaret Rayfie	ld	
HERE Signature of plan	1.	Date	Enter name of individual	signing as plan a	dministrator
SIGN HERE					
Signature of emp	loyer/plan sponsor ice, see the Instructions for Form 5500-5	Date	Enter name of individual	signing as emplo	yer or plan sponsor Form 5500-SF (2017)

v.170203

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eligibl</li> <li>b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot</li> </ul>	an independ and condition	dent qualified public accountant (IQP)	A) X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the			
Part III Financial Information			. (Oce manucions.)
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	515,725	0

а	Total plan assets	7a		515,	725			0
b	Total plan liabilities	7b						_
C	Net plan assets (subtract line 7b from line 7a)	7c		515,	725			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	_
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)	24		0			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		2,	538			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2,63	8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		518,	363			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			a a B		518,36	3
i	Net income (loss) (subtract line 8h from line 8c)	8i					-515,72	25
j	Transfers to (from) the plan (see instructions)	8j			12			
Pa	rt IV Plan Characteristics	_						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D							_
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Code	es in the instructions:	
Pa	t V Compliance Questions					×		
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary l	Fiduciary Correction	10a		х		
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х		
C	Was the plan covered by a fidelity bond?			10c	Х		40,00	0

C	Was the plan covered by a fidelity bond?	10c	Х		40,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
e	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.)	10e	Х		1,183
f	Has the plan failed to provide any benefit when due under the plan?	10 <del>f</del>		Х	
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? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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			

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Part	VI	Pension Funding Compliance				
11	ls th (For	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	ŝB		Yes 🗌 No
11a		er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		Γ		
12	ls th ERIS	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1 302 0	of 		Yes 🛛 No
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ting the waiver	l enter Da		of the lette Year	er ruling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter	the minimum required contribution for this plan year	12b			
		the amount contributed by the employer to the plan for this plan year	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Wer cont	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the rol of the PBGC?			Yes [	] No
C	lf, di	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) is assets or liabilities were transferred. (See instructions.)				
1	3c(1)	Name of plan(s): 13c(2)	EIN(s)	)	13c(3	3) PN(s)