Form 5500-SF

Department of the Treasury

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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number LANCE POUNDER EXCAVATION, INC. 401(K) SALARY REDUCTION PLAN AND TRUST 002 (PN) ▶ 1c Effective date of plan 01/01/1997 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number LANCE POUNDER EXCAVATION, INC. 91-1349480 (EIN) 2c Plan sponsor's telephone number 509-466-6751 2611 E. LINCOLN ROAD SPOKANE, WA 99217 2d Business code (see instructions) 238900 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN LANCE POUNDER EXCAVATION, INC. 2611 E. LINCOLN ROAD 91-1349480 SPOKANE, WA 99217 **3c** Administrator's telephone number 509-466-6751 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 20 **b** Total number of participants at the end of the plan year..... 5b 24 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 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) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 89732 123683 a Total plan assets..... 7a 241 **b** Total plan liabilities..... 7b 239 123444 Net plan assets (subtract line 7b from line 7a)..... 7с 89491 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 1419 8a(1) 8370 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 28775 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 38564 Benefits paid (including direct rollovers and insurance premiums 3500 to provide benefits)..... 8d Λ Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 1111 0 Other expenses..... 8g 4611 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 33953 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 0

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2D 2E 2G 2J 2K 3D 2F

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

		,, ,							
art	٧	Compliance Questions							
0	Duri	ng the plan year:		_		Yes	No		Amount
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X		
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X		
С	Was	the plan covered by a fidelity bond?			10c	X			15000
d		olan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud		10d		X			
е	insu	dere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See		10e	X			443	
f	Use the plan feiled to provide our boneff when due and at the plan?				10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of y	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.)						X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the				10i				
art	VI	Pension Funding Compliance			•				
11	Is thi	s a defined benefit plan subject to minimum funding requirements							Yes X No
2									
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		vaiver of the minimum funding standard for a prior year is being ar							
lf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			n		рау		Year
							12b		
	b Enter the minimum required contribution for this plan year								
	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)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?								
art		Plan Terminations and Transfers of Assets	Ŭ					<u> </u>	
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes X No
	To I								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control								
	of the PBGC?								
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plaı	n(s) to			1
1	3c(1)	Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
auti	on: A	penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonabl	e cau	se is	establ	ished.	•
Jnde SB o	r pena Sche	alties of perjury and other penalties set forth in the instructions, I didule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	rn/rep	ort, in	cludin	g, if applica	
	Fil		06/22/2010	LANCE POUNDE	R				
SIGI	1	ou with authorized/valid electronic signature.	00/22/2010	LANGE I CONDE	IX				

SIGI HER	GN	Filed with authorized/valid electronic signature.	06/22/2010	LANCE POUNDER
	RE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGI HER	GN			
	_	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor