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 section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informa	ation				
For	calend	ar plan year 2009 or fis	cal plan year beginning	01/01/200)9	and ending	12/31/	2009
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report		_
			an amended return/rep	ort	short plar	year return/report (less than 12 m	onths)	
C	Chack I	box if filing under:	Form 5558	F	-	extension	,	DFVC program
J	CHECK	box ii iiiiig dilder.	special extension (ente	L ar descrinti	1	Occident		_ 5. vo program
D	art II	Pacia Blan Infor	<u> </u>		,			
	art II Name		mation—enter all reques	stea inform	nation		1h	Three-digit
			1(K) PROFIT SHARING PL	AN			10	plan number
		DEMOEITION, 1110. 10		2 (14				(PN) • 001
							1c	Effective date of plan
								01/01/1986
		ponsor's name and add DEMOLITION, INC.	Iress (employer, if for single	e-employe	r plan)		2b	Employer Identification Number
LAK	SONS L	DEMOLITION, INC.					20	(EIN) 91-1274132 Plan sponsor's telephone number
P.O.	BOX 4	535					-0	509-535-7944
SPO	KANE,	WA 99203					2d	Business code (see instructions)
2-					. "0		21-	238900
		idministrator's name and DEMOLITION, INC.	d address (if same as Plan	sponsor, e O. BOX 45		€″)	30	Administrator's EIN 91-1274132
			SI	POKANE,	WA 99203		3с	Administrator's telephone number
								509-535-7944
						port filed for this plan, enter the	4b	EIN
	name, i	EIN, and the plan numb	er from the last return/repo	ort. Spons	or s name		4c	PN
5a	Totalı	number of participants a	at the beginning of the plan	year			_	6
b								6
С						vear (defined benefit plans do not	0.0	
		· ·					5c	6
6a	Were	all of the plan's assets	during the plan year invest	ted in eligib	ole assets?	(See instructions.)		X Yes No
b						ndent qualified public accountant (I		X Yes ☐ No
			•			ions.)SF and must instead use Form !		<u>N</u> res No
Pa	art III	Financial Inform		mot use i	01111 0000	or and must instead use i orm t		
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year
а					7a	3829	38	489742
		plan liabilities			7b			
С	Net pl	Ian assets (subtract line	7b from line 7a)			3829	38	489742
8	Incom	ne, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total
а		ibutions received or rec						· · · · · · · · · · · · · · · · · · ·
	(1) E	mployers			8a(1)	80	38	
	(2) P	articipants			8a(2)	122	00	
	(3) O	thers (including rollover	s)		8a(3)			
b		` ,				1088	16	
C		, , ,	, 8a(2), 8a(3), and 8b)		8c			129054
d		1 \	t rollovers and insurance pr		8d	222	50	
е	•	,	ctive distributions (see instr					
f			ers (salaries, fees, commis	,				
g g								
9 h		•	, 8e, 8f, and 8g)					22250
i			ne 8h from line 8c)					106804
i		` , `	see instructions)					
					. XI	1		

		Form 5500-SF 2009 Page 2- 1					
Pa	rt IV	Plan Characteristics					
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteri	stic Co	des in	the instructions:	
b		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Cod	des in t	the instructions:	
Par	t V	Compliance Questions			1		
10	Dur	ing the plan year:		Yes	No	Amount	
а		s there a failure to transmit to the plan any participant contributions within the time period described i CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X		
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X		
C	: Wa	s the plan covered by a fidelity bond?	10c	X		75	000
C		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraucishonesty?	10d		X		
e	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, arance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X		
Q	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X		
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI	Pension	Funding	Compliance
---------	---------	----------------	------------

	5500))	Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes	X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver......Month ___ __ Day ___

If you completed 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	
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	124	

'	Enter the amount contributed by the employer to the plan for this plan year					
l	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				
•	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	Ą

Part VII | Plan Terminations and Transfers of Assets

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to
which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Yes X No

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.	09/27/2010	LESTER J. LARSON
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

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

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Id	lentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning	01/01/2	2009	and ending		12/31/200)9
Α	This return/report is for:	X single-employer plan	multiple-	employer plan (n	ot multiemployer)		ne-participa	nt plan
В	This return/report is for:	first return/report	final retu	rn/report				
	Ī	an amended return/report	Short pla	n year return/rep	ort (less than 12 mo	nths)		
С	Check box if filing under:	X Form 5558	Ħ	c extension		,	DFVC progra	ım
	Ī	special extension (enter descrip	ntion)					
Pa	art II Basic Plan Inforr	nation—enter all requested infor	mation	***				
1a	Name of plan					1b	Three-digit	
	Larson's Demolition	n, Inc. 401(k) Profit	: Sharir	ıg			plan number	
	Plan						(PN) •	001
						1C	Effective date of 01/01/1986	
2a	Plan sponsor's name and addre	ess (employer, if for single-employ	er plan)			2b	Employer Identif	
	Larsons Demolition,	Inc.					(EIN) 91-127	4132
						2c	Plan sponsor's t (509) 535-	elephone number
	P.O. Box 4535					2d		see instructions)
	Spokane .				9203		238900	ace manuchons)
3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "Sam	e")		3b	Administrator's I	EIN
						30	Administrator's t	elephone number
						-	, to ministrator 3 t	ciepnone namber
		in sponsor has changed since the r from the last return/report. Spon		eport filed for this	s plan, enter the	4b	EIN	
	manno, Ent, and the plan hambe	- Hom the last returns open. Open	SOI S HAINE			4c	PN	
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		***************************************		5b		
С	Total number of participants wi	th account balances as of the end	of the plan	year (defined bei	nefit plans do not			
						5с		
bа	Vivere all of the plan's assets d	uring the plan year invested in eligne annual examination and report	ible assets?	(See instruction	IS.)			X Yes No
Ŋ	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit	or an indepe y and condi	indent quaimed p ions.)	Dublic accountant (IQ	(PA)		X Yes No
	If you answered "No" to eith	er 6a or 6b, the plan cannot use						
Pa	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beg	inning of Year		(b) End	of Year
	·				382,93	8		489,74
	•					_ _		· · .
		b from line 7a)	7с		382,93	8		489,74
8	Income, Expenses, and Transfe Contributions received or received			(a)	Amount	<u> </u>	(b) T	otal
а		vable from:	8a(1)		8,03	8		
	(2) Participants				12,20	{		
	(3) Others (including rollovers)					7 .		
b	Other income (loss)		8b		108,81	6		
С	Total income (add lines 8a(1), 8	8a(2), 8a(3), and 8b)	8c					129,05
d		ollovers and insurance premiums			22.25		the second	
^		ivo distributions (see instructions)			22,25	믝	1. 1	
e f		ive distributions (see instructions). s (salaries, fees, commissions)	F			\dashv		
g		s (salanes, lees, confinissions)		-		\dashv		
h		Be, 8f, and 8g)						22.25
i		8h from line 8c)	!			_		22,25
j		e instructions)				+-		106,80
For F		OMB Control Numbers, see the instruc	Ų	1 5500-SE				Form 6500 SE (2009)

Form	ECAA	CE	ጎሰላለ

Page	2-	

Enter name of individual signing as employer or plan sponsor

			· · · · · · · · · · · · · · · · · · ·							
Par 9a		IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
		2E 2F 2G 2J 2K 3D fthe plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
		e plan provides wendle senens, effer the applicable wendle lear	ture codes nom me	LIST OF FIATI CHAFA	iciei is	110 000	100 111 1	ine instruction	mis.	
Part	V	Compliance Questions								
10	Du	ring the plan year:				Yes	No	Α	mount	
а		is there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
b	We	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte		actions reported	10b		х		· ,	
С		as the plan covered by a fidelity bond?			10c	Х			75,000	
d		the plan have a loss, whether or not reimbursed by the plan's fide			10d		Х		· · · · · · · · · · · · · · · · · · ·	
е	ins	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, issurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		10e		Х				
f	На	s the plan failed to provide any benefit when due under the plan?	·····		10f		Х		-	
g	Dic	old the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		х			
h	lf t	nis is an individual account plan, was there a blackout period? (Se	e instructions and 2	9 CFR	10g		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10ii		Λ			
Dart					101	L		<u> </u>		
11	Part VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Yes X No									
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year									
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	· · · · · · · · · · · · · · · · · · ·					-	12b			
С	, , , , , , , , , , , , , , , , , , ,						12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)						12d			
е								No N/A		
Part VII Plan Terminations and Transfers of Assets										
13a	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?								Yes X No	
	lf "\	es," enter the amount of any plan assets that reverted to the emp	loyer this year	Γ			13a			
b		Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)		
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.										
SIGI		Jolas Januar 9-22-10 Lester J.				Larson				
HER	=	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGI		asta 1am	9-20-10	Lester J.	Lars	son				
HER	E	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						