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).

2011

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 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number ROBERT B. GOEBEL GENERAL CONTRACTOR, INC. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 04/01/1966 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ROBERT B. GOEBEL GENERAL CONTRACTOR 91-0757610 (EIN) 2c Sponsor's telephone number 509-585-8877 PO BOX 3086 SPOKANE, WA 99202 2d Business code (see instructions) 236200 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN ROBERT B. GOEBEL GENERAL CONTRACTOR 91-0757610 PO BOX 3086 SPOKANE, WA 99202 3c Administrator's telephone number 509-585-8877 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 PN 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..... 11 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) 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 3618837 3611341 Total plan assets..... 7a 7b Total plan liabilities..... 3618837 3611341 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 39567 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -47063 **b** Other income (loss)..... 8b -7496 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -7496 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	0a 0b 0c	Yes	X		An	nount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	0b 0c	X					
on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	0с	X	X				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,		X					
or dishonesty?	04						40000
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	ou		X				
	0e		X				
Has the plan failed to provide any benefit when due under the plan?	Of		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	0g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		X				
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	l0i						
VI Pension Funding Compliance	•			•			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))						Yes	Пи
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or					Ē	Yes	X N
(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 instruction granting the waiver. Month							
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			42h				
Enter the minimum required contribution for this plan year		" ⊢	12b 12c				
Enter the amount contributed by the employer to the plan for this plan year	а	. -	12d				
negative amount)				☐ Ye	sП	No	N/A
VII Plan Terminations and Transfers of Assets							
Has a resolution to terminate the plan been adopted in any plan year?				Yes >	No		
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 und			ntrol		г		
of the PBGC?					L	Yes	X N
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan	(s) to					
3c(1) Name of plan(s):		130	c(2) E	IN(s)		13c(3) PN(s)
ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	caus	se is	estab	olished.			
r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/reg	n/repo	ort, in	cludir	ng, if ap			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/30/2012	STEVEN R. GOEBEL				
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 spons				

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

D.	Part I Annual Report Identification Information									
		1/01/2	:011	and ending		12/31/2011				
				(not multiemployer)		a one-participant plan				
		•	turn/report	(not maillemployer)	a one-participant plan					
D				eport (less than 12 mo	ntha)					
_		•	•	eport (less than 12 mc	, (21 min	7 DEVO				
C	Shook box it iming dridor.	automatic	extension		L	DFVC program				
	special extension (enter description)									
	rt II Basic Plan Information—enter all requested informa	ition			41					
	Name of plan	DODITE	CIIADTNC I	>T 7 NT	16	Three-digit plan number				
ROE	BERT B. GOEBEL GENERAL CONTRACTOR, INC. P	ROFII	SHARING I	PLAN		(PN) ▶ 001				
					1c	Effective date of plan				
					(04/01/1966				
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-en	nployer plan)		Employer Identification Number				
	BERT B. GOEBEL GENERAL CONTRACTOR					(EIN) 91-0757610				
РО	BOX 3086					Sponsor's telephone number				
CD.	ONAND NA OOOOO					509-585-8877 Business code (see instructions)				
SP	OKANE WA 99202					236200				
3a	Plan administrator's name and address (if same as plan sponsor, en	ter "Same	")			Administrator's EIN				
ROI	BERT B. GOEBEL GENERAL CONTRACTOR BOX 3086		,			91-0757610				
					3с	Administrator's telephone number 509-585-8877				
_	OKANE WA 99202 If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for	this plan, enter the	4b					
•	name, EIN, and the plan number from the last return/report.	aot 1 otai	opore mod ro.	ano plan, omor mo						
a	Sponsor's name				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	11				
С	Number of participants with account balances as of the end of the p complete this item)				5c	11				
ĥа	Were all of the plan's assets during the plan year invested in eligible					X Yes No				
	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified	public accountant (IQI	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
n.	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must	instead use Form 55	00.					
	rt III Financial Information					41 F 1 F 1				
7	Plan Assets and Liabilities		(a) Be	eginning of Year		(b) End of Year 3611341				
a L	Total plan assets	7a		361883	4	3011341				
	Total plan liabilities	7b		361883	7	3611341				
	Net plan assets (subtract line 7b from line 7a)	7c								
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total				
a	(1) Employers	8a(1)		3956	7					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-4706	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-7496				
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			1	0				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-7496				
j	Transfers to (from) the plan (see instructions)	8i			_					

		Form 5500-SF 2011		Page 2 - [
Par	t IV	Plan Characteristics									
		plan provides pension benefits, enter the	he applicable pension feat	ture codes from the l	List of Plan Chara	acteris	stic Co	des in	the instructio	 ns:	·
		2R 3D 2F									
b	If the	plan provides welfare benefits, enter th	ne applicable welfare featu	ure codes from the Li	st of Plan Charac	cterist	ic Cod	es in th	ne instruction	s: 	
Part	t V	Compliance Questions					·	r			
10		ing the plan year:					Yes	No	Aı	nount	
а	29	s there a failure to transmit to the plan a CFR 2510.3-102? (See instructions and	d DOL's Voluntary Fiducia	ry Correction Progra	m)	10a		Х			
b		re there any nonexempt transactions wit ine 10a.)				10b		Х			
С	Wa	s the plan covered by a fidelity bond?				10c	Х			4	00000
d		the plan have a loss, whether or not rei				10d		Х			
е	We ins	re any fees or commissions paid to any irance service or other organization that ructions.)	brokers, agents, or other t provides some or all of th	persons by an insura ne benefits under the	ance carrier, plan? (See	10e		Х			
f	Ha	the plan failed to provide any benefit w	hen due under the plan?			10f		Х			
g	Did	the plan have any participant loans? (If	"Yes," enter amount as of	f year end.)		10g		Х			
h		is is an individual account plan, was the				10h		Х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
i	lf 1	Oh was answered "Yes," check the box i eptions to providing the notice applied u	f you either provided the r	equired notice or on	e of the	10i					
Part		Pension Funding Complianc		· · · · · · · · · · · · · · · · · · ·		 	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
11		is a defined benefit plan subject to mini		s? (If "Yes," see inst	ructions and com	plete	Sched	lule SB	(Form		П.,
		0))								Yes	No.
12		nis a defined contribution plan subject to	-		1 412 of the Code	or se	ection (302 of I	ERISA?	Yes	X No
9	•	Yes," complete 12a or 12b, 12c, 12d, an waiver of the minimum funding standard		•	vear see instru	rtions	and e	enter th	e date of the	letter rul	ina
	gra	nting the waiver			Mon						
lf	you	completed line 12a, complete lines 3,	9, and 10 of Schedule M	IB (Form 5500), and	I skip to line 13.		г		I		
		er the minimum required contribution for						12b			
		er the amount contributed by the employ					-	12c			
d	Sub neg	tract the amount in line 12c from the amative amount)	nount in line 12b. Enter the	e result (enter a mini	us sign to the left	ot a 	[12d			
e	Will	the minimum funding amount reported	on line 12d be met by the	funding deadline?					Yes	No	N/A
Part	:VII	Plan Terminations and Tran	sfers of Assets								
13a	l Has	a resolution to terminate the plan been ad	lopted in any plan year?			····· <u>···</u>		Y	res X No		
	If "`	es," enter the amount of any plan asset	ts that reverted to the emp	oloyer this year		1	I3a				
b		re all the plan assets distributed to partione PBGC?					the co	ontrol		Yes	X No
С		uring this plan year, any assets or liabilit ch assets or liabilities were transferred.		this plan to another	plan(s), identify th	he pla	ın(s) to)			
	13c(1) Name of plan(s):				13	13c(2) EIN(s) 13c(3) F			PN(s)		
	4:	A	:::	4		<u> </u>			liahad		
		A penalty for the late or incomplete f								e a Sch	edule
SBc	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.										
616		NYm. At	20 (01)	3-27-1	STEVEN R.	GOEI	BEL				
SIG		Signature of plan administrator	006001	Date	Enter name of in	ndivid	ual sin	ınina əs	s plan admini	strator	
								,			

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor