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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance witi	1 the instructions to the Form 55	00-SF.	
Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/14/2	011
A	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)	. [a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)	
С	Check box if filing under: Form 5558	automatic	extension	Γ	DFVC program
	special extension (enter descriptio			L	
Dr	Int II Basic Plan Information—enter all requested information	,			
	·	ation		1h	Three-digit
	Name of plan CONSTRUCTION COMPANY 401(K) PLAN				plan number
					(PN) • 002
				1c	Effective date of plan
					01/01/2003
	Plan sponsor's name and address; include room or suite number (er CONSTRUCTION COMPANY	mployer, if	for a single-employer plan)		Employer Identification Number
LILL	CONSTRUCTION COMPANY			-	(EIN) 91-0986529
				2c	Sponsor's telephone number
	OX 9925 KANE, WA 99209			24	Business code (see instructions)
31 01	CAINE, WA 33203			Zu	236110
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b	Administrator's EIN
	CONSTRUCTION COMPANY PO BOX 9925	5	,		91-0986529
	SPOKANE, W	7A 99209		3c	Administrator's telephone number 509-328-2218
4	If the name and/or EIN of the plan sponsor has changed since the la	act return/	roport filed for this plan, enter the	4b	
_	name, EIN, and the plan number from the last return/report.	asi returri/	report filed for this plant, enter the	40	EIIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			. 5a	2
b	Total number of participants at the end of the plan year			. 5b	
С	Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not		
	complete this item)			. 5c	
6a	Were all of the plan's assets during the plan year invested in eligible		· ·		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	rt III Financial Information	0000	or and must metoda acc r crim c		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	. 7a	406682		0
b	Total plan liabilities	7b			
C	Net plan assets (subtract line 7b from line 7a)	7c	406682		0
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(D) TOTAL
_	(1) Employers	. 8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-27085		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-27085
d	Benefits paid (including direct rollovers and insurance premiums		270507		
	to provide benefits)	. 8d	379597		
e	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			379597
į	Net income (loss) (subtract line 8h from line 8c)				-406682
j	Transfers to (from) the plan (see instructions)	8j			

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Page	2	-	,		
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Part IV	Plan	Characte	aristics
raii iv	- FIAII	Guaraci	ยเอแรอ

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

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Ar	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
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		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of 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.)	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						
art	VI Pension Funding Compliance	•						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf y	ou 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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			XY	es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol			X Yes	No
С	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.)	e plar	n(s) to			'	_	
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)		13c(3)	PN(s)
								` '
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

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.	05/25/2012	DAVID LILL
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

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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).

) of _____

OMB Nos. 1210-0110

1210-0089

2011

the Internal Revenue Code (the Code).

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

This Form is Open to Public Inspection

	art I Annual Report			01 /04 /2	0011			10/14/0011	
	calendar plan year 2011 or fi			01/01/2		and ending		12/14/2011	
A	This return/report is for:	X a single-employe	· _	싁 .	-employer plan (no	ot multiemployer)		a one-participant plan	
В	This return/report is:	the first return/re	port 2	the final re	eturn/report				
		an amended retu	ırn/report	a short pla	ın year return/repo	rt (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558		automatic	extension		[DFVC program	
		special extension	(enter descript	ion)					
Pa	rt II Basic Plan Info	rmation—enter all	requested inforr	nation					
1a	Name of plan							Three-digit	
Lil	l Construction Co	ompany 401(k)	Plan					plan number 002	
						-		(PN) ► 002 Effective date of plan	
								11/01/2003	
2a	Plan sponsor's name and ad	dress: include room o	r suite number (employer, if	for a single-emplo	over plan)	2b	Employer Identification Nun	nber
	11 Construction Co		·					(EIN) 91-0986529	
РО	Box 9925						2c	Sponsor's telephone numb	er
						_		509-328-2218	
Sp	okane	WA	99209					Business code (see instruct	tions)
2-	Di	- d - dd /if		antar "Cama				236110 Administrator's EIN	
Li	Plan administrator's name ar 11 Construction C	ompany	s pian sponsor, i	enter Same	;)			91-0986529	
PO	Box 9925							Administrator's telephone n	umber
	okane	WA	99209					509-328-2218	
4	If the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has ch	anged since the	last return/i	report filed for this	plan, enter the	4b	EIN	
а	Sponsor's name	mbor trom the last rete	лижороги.				4c	PN	
	Total number of participants	at the beginning of th	e plan year				5a		2
								·	
b	Total number of participants	at the end of the plan	year				5b		0
	Total number of participants Number of participants with					ns do not	5b		
С	Number of participants with complete this item)	account balances as	of the end of the	plan year (defined benefit pla	ns do not	5c		0
с 6а	Number of participants with complete this item)	account balances as o	of the end of the	plan year (d	defined benefit pla	ns do not	5c	X Yes	
с 6а	Number of participants with complete this item)	account balances as o	of the end of the	plan year (oblined) ble assets? f an indeper	defined benefit pla (See instructions.)	ns do not)lic accountant (IQP	5c A)		0
с 6а	Number of participants with complete this item)	account balances as of the same account balances as of the grant of the annual examinations on the same account of the same account balances as of the same account of the same account of the same account balances as of the same account balances as of the same account of the same accoun	invested in eligion and report o	plan year (o ble assets? f an indeper and conditi	defined benefit pla (See instructions.) dent qualified pub ions.)	ns do not)lic accountant (IQP	5 c		0 No
6a b	Number of participants with complete this item)	account balances as of the during the plan year of the annual examinations on the factor of the factor of the plant of the	invested in eligion and report o	plan year (o ble assets? f an indeper and conditi	defined benefit pla (See instructions.) dent qualified pub ions.)	ns do not)lic accountant (IQP	5 c		0 No
6a b	Number of participants with complete this item)	account balances as of the during the plan year of the annual examinations on the factor of the factor of the plant of the	invested in eligion and report o	plan year (o ble assets? f an indeper and conditi	defined benefit pla (See instructions.) dent qualified pub ions.)	ns do not)lic accountant (IQP	5 c		0 No
6a b	Number of participants with complete this item)	account balances as of the same as of the annual examination (See instructions on the factors) ither 6a or 6b, the planation	of the end of the invested in eligi ion and report o waiver eligibility an cannot use	ble assets? f an indeper and conditi	defined benefit pla (See instructions.) dent qualified pub ions.)	ns do not) lic accountant (IQP	5c A) 0.	∑ Yes	0 No
6a b	Number of participants with complete this item)	s during the plan year f the annual examinati ? (See instructions on ither 6a or 6b, the planation	of the end of the invested in eligition and report o waiver eligibility an cannot use	ble assets? f an indeper and conditi Form 5500-	defined benefit pla (See instructions.) dent qualified pub ions.)	ns do not ead use Form 550 uning of Year 406682	5c A) 0.	∑ Yes	0 No No
6a b Pa 7 a b	Number of participants with complete this item)	account balances as of the annual examination states as of the annual examinations on the fa or 6b, the planation	of the end of the invested in eligi ion and report o waiver eligibility an cannot use	ble assets? f an indeper and conditi Form 5500- 7a 7b	defined benefit pla (See instructions.) dent qualified pub ions.)	ns do not Jic accountant (IQP Read use Form 550	5c A) 0.	∑ Yes	0 No No
6a b Pa 7 a b	Number of participants with complete this item)	account balances as of second balances as of second	of the end of the invested in eligi ion and report o waiver eligibility an cannot use	ble assets? f an indeper and conditi Form 5500- 7a 7b	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not ead use Form 550 uning of Year 406682	5c A) 0.	∑ Yes	0 No No
6a b Pa 7 a b	Number of participants with complete this item)	account balances as of account balances as of sections of the annual examination (See instructions on ither 6a or 6b, the plandarion) e 7b from line 7a)	of the end of the invested in eligition and report o waiver eligibility an cannot use	ble assets? f an indeper y and conditi Form 5500- 7a 7b 7c	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not lic accountant (IQP lead use Form 550 lining of Year 406682	5c A) 0.	(b) End of Year	0 No No
6a b Pa 7 a b c 8	Number of participants with complete this item)	s during the plan year f the annual examinati ? (See instructions on ither 6a or 6b, the pla mation e 7b from line 7a) nsfers for this Plan Ye ceivable from:	invested in eligion and report o waiver eligibility an cannot use	ble assets? f an indeper y and conditi Form 5500- 7a 7b 7c	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not lic accountant (IQP lead use Form 550 lining of Year 406682	5c A) 0.	(b) End of Year	0 No No
6a b Pa 7 a b c 8	Number of participants with complete this item)	account balances as one of the annual examination (See instructions on ither 6a or 6b, the planation e 7b from line 7a)	of the end of the invested in eligition and report o waiver eligibility an cannot use	ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not lic accountant (IQP lead use Form 550 lining of Year 406682	5c A) 0.	(b) End of Year	0 No No
C 6a b Pa 7 a b c 8 a	Number of participants with complete this item)	account balances as one of the annual examination (See instructions on ither 6a or 6b, the plantation) e 7b from line 7a)	of the end of the invested in eligition and report o waiver eligibility an cannot use	ble assets? f an indeper / and conditi Form 5500- 7a	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not lic accountant (IQP read use Form 550 aning of Year 406682	5c A) 0.	(b) End of Year	0 No No
C 6a b 7 a b c 8 a	Number of participants with complete this item)	account balances as one of the annual examination fither 6a or 6b, the plan mation e 7b from line 7a)	of the end of the invested in eligion and report o waiver eligibility an cannot use	ble assets? f an indeper / and conditi Form 5500- 7a	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not lic accountant (IQP lead use Form 550 lining of Year 406682	5c A) 0.	(b) End of Year (b) Total	O No No O
C 6a b Pa 7 a b c 8 a b c	Number of participants with complete this item)	account balances as one of the annual examination e 7b from line 7a) e 7b from line 7a) ers)	of the end of the invested in eligion and report o waiver eligibility an cannot use ar	ble assets? f an indeper / and conditi Form 5500- 7a	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not lic accountant (IQP read use Form 550 aning of Year 406682	5c A) 0.	(b) End of Year (b) Total	0 No No
C 6a b 7 a b c 8 a	Number of participants with complete this item)	account balances as one of the annual examination e 7b from line 7a) e 7b from line 7a) ers)	invested in eligi ion and report o waiver eligibility an cannot use ar	ble assets? f an indeper / and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not lic accountant (IQP read use Form 550 aning of Year 406682	5c A) 0.	(b) End of Year (b) Total	O No No O
C 6a b Pa 7 a b c 8 a b c	Number of participants with complete this item)	account balances as one of the annual examination e 7b from line 7a) e 7b from line 7a) ers)	of the end of the invested in eligion and report o waiver eligibility an cannot use ar	ble assets? f an indeper / and conditi Form 5500- 7a	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not ilic accountant (IQP lead use Form 550 aning of Year 406682 406682 Amount	5c A) 0.	(b) End of Year (b) Total	O No No O
Pa b c 8 a b c d	Number of participants with complete this item)	account balances as on the state of the annual examination (See instructions on the state of the plan that it is a state of the state o	invested in eligition and report of waiver eligibility an cannot use ar	plan year (decided by plan year) ble assets? f an indeper (decided by plan year) 7a	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not ilic accountant (IQP lead use Form 550 aning of Year 406682 406682 Amount	5c A) 0.	(b) End of Year (b) Total	O No No O
Pa b c B a b c d e	Number of participants with complete this item)	account balances as on the state of the annual examination (See instructions on ither 6a or 6b, the plantation) e 7b from line 7a)	invested in eligition and report of waiver eligibility an cannot use ar	ble assets? f an indeper / and conditi Form 5500- 7a	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not ilic accountant (IQP lead use Form 550 aning of Year 406682 406682 Amount	5c A) 0.	(b) End of Year (b) Total	O No No O
Pa b c b c d e f	Number of participants with complete this item)	account balances as one of the annual examination (See instructions on ither 6a or 6b, the plantation) e 7b from line 7a)	invested in eligion and report of waiver eligibility an cannot use are are are are are are are are are ar	ble assets? f an indeper / and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not ilic accountant (IQP lead use Form 550 aning of Year 406682 406682 Amount	5c A) 0.	(b) End of Year (b) Total	0 No No O
C 6a b 7 a b c 8 a b c d e f g	Number of participants with complete this item)	account balances as of the annual examination? (See instructions on ither 6a or 6b, the planation e 7b from line 7a)	invested in eligition and report of waiver eligibility an cannot use ar	ble assets? f an indeper and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) dent qualified publions.) SF and must inst (a) Begin	ns do not ilic accountant (IQP lead use Form 550 aning of Year 406682 406682 Amount	5c A) 0.	(b) End of Year (b) Total	0 No No O

	F	orm 5500-SF 2011 Page 2 -						
Par	· IV	Plan Characteristics						
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2J 2K 3D	acteris	stic Co	des in	the instructi	ons:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in t	he instructio	ns:	
Part	٧	Compliance Questions						
10		ng the plan year:		Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Х			
С	Was	the plan covered by a fidelity bond?	10c		Х			
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
е								
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х			
i	If 10	h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con))					Yes	☐ No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	-4:				- la it as s	lina
а	If a w	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ing the waiver	clions ith	, and e	Day	ie date of th	Year	<u>.</u>
ify		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				1		
b	Ente	r the minimum required contribution for this plan year			12b			
С		r the amount contributed by the employer to the plan for this plan year			12c			
d	nega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d			
е_	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			X	res No) 	
		es," enter the amount of any plan assets that reverted to the employer this year		3a				0
b	of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t h assets or liabilities were transferred. (See instructions.)	he pla					
1	3c(1)	Name of plan(s):		13	c(2) E	IN(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.

SIGN	UN 4 CM	5/10/	12	David Lill
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