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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance with	n the instructions to the Form 550)0-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/2	011		
A	This return/report is for:	r) a one-participant plan					
В	This return/report is: the first return/report	the first return/report the final return/report					
	an amended return/report	a short pla	n year return/report (less than 12 n	nonths)			
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
•	special extension (enter descriptio			L			
De	<u>`</u>	<u> </u>					
	Int II Basic Plan Information—enter all requested information	ation		16	Thurs divit		
	Name of plan SONS DEMOLITION, INC. PROFIT SHARING PLAN				Three-digit plan number		
LAIC	JONO DEMOETHON, INC. PROPER OFFICIALITY				(PN) ▶ 001		
				1c	Effective date of plan		
					01/01/1986		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)		Employer Identification Number		
LAK	SONS DEMOLITION, INC.				(EIN) 91-1274132		
				2c	Sponsor's telephone number		
	BOX 4535			0-1	509-535-7944		
SPOI	KANE, WA 99203			2a	Business code (see instructions) 238900		
32	Dian administrator's name and address (if same as plan apparer, or	tor "Come	,")	3h	Administrator's EIN		
	Plan administrator's name and address (if same as plan sponsor, er CONS DEMOLITION, INC. P.O. BOX 453	35	•)	36	91-1274132		
	SPOKANE, W	/A 99203		3c	Administrator's telephone number		
					509-535-7944		
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	-				1		
b	Total number of participants at the end of the plan year			- Ou			
				5b			
С	Number of participants with account balances as of the end of the p complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
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		· ·		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.			
Pa	rt III Financial Information		T				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	499494		499123		
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	499494		499123		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:	90(4)					
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
L	(3) Others (including rollovers)	8a(3)	-371				
b	Other income (loss)	8b	-371				
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-571		
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			0		
i	Net income (loss) (subtract line 8h from line 8c)	8i			-371		
j	Transfers to (from) the plan (see instructions)	8j					

Form	5500-	SF	201

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

art								
0	During the plan year:		Yes	No		Amo	ount	
	, , , , , , , , , , , , , , , , , , , ,	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					75000
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				
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		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i						
rt '	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl						Yes	☐ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						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 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.			ı				
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				
	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?				Yes	1	No	N/A
rt '	/II Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?	nder	the co	ntrol			Yes	X 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.)	plar	n(s) to					_
1:	Bc(1) Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	Carr	se is	establi	ished			
Jndei	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	n/rep	ort, in	cluding	g, if applic			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	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 nternal Revenue Service

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).

This Form is Open to Public Inspection

2011

OMB Nos. 1210-0110

1210-0089

Department of Labor Employee Benefits Security Administration Complete all entries in accordance with the instructions to the Form 5500-SF Pension Benefit Guaranty Corporation **Annual Report Identification Information** 12/31/2011 Part I and ending 01/01/2011 For calendar plan year 2011 or fiscal plan year beginning a one-participant plan a multiple-employer plan (not multiemployer) a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit plan number 1a Name of plan Larsons Demolition, Inc. Profit Sharing Plan 001 (PN) > Effective date of plan 01/01/1986 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (EIN) 91-1274132 Larsons Demolition, Inc. 2c Sponsor's telephone number 509-535-7944 P.O. Box 4535 2d Business code (see instructions) 238900 99203 Spokane 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Larsons Demolition, Inc. 91-1274132 3c Administrator's telephone number 509-535-7944 P.O. Box 4535 99203 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the Spokane 4b EIN 4 name, EIN, and the plan number from the last return/report. 4c 5 a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a 6 5b b Total number of participants at the end of the plan year..... C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 4 5c No Yes 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) 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 (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 499123 499494 72 a Total plan assets..... 7b b Total plan liabilities..... 499123 499494 7c C Net plan assets (subtract line 7b from line 7a)..... (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 8a(1) (1) Employers 8a(2) 8a(3) (3) Others (including rollovers)..... -371 8b b Other income (loss)..... -371 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits)..... e Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)..... 8f 8g Other expenses..... 0 8h h Total expenses (add lines 8d, 8e, 8f, and 8g)....... -371 Net income (loss) (subtract line 8h from line 8c)..... 8i

Page	2	-		
raye	dia.			V-0-11-11-11-11-11-11-11-11-11-11-11-11-1

Form	5500	-SF	201	1
------	------	-----	-----	---

SIGN HERE

Signature of employer/plan sponsor

	FO	rm 5500-SF 2011									
Par	t IV	Plan Characteristics	andas from the List	of Plan Chara	cteris	tic Coo	ies in th	e instructio	ns:		
9a	If the p	Plan Characteristics The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 3D									
b	If the p	2F $2G$ $3D$ plan provides welfare benefits, enter the applicable welfare feature contains $2F$	odes from the List	of Plan Charac	tensu	Couc	25 111 1110	Mondone			
Par	tV	Compliance Questions				Yes	No	A	mount		
10	Durin	g the plan year:		described in			-,-				
а	Was	there a failure to transmit to the plan any participant contributions with	orrection Program)		10a		Х				
b	Were	there any nonexempt transactions with any party-in-interest? (Do li			10b		Х			75000	
	OH III	the plan covered by a fidelity bond?			10c	X					
0		the plan's fidelity	bond, that was cau	ised by Irauu	10d		х				
6	• Were	shonesty? any fees or commissions paid to any brokers, agents, or other personce service or other organization that provides some or all of the buctions.)	enefits under the p	lan? (See	10e		Х				
	instr	uctions.)			10f		X				
1	Has	the plan failed to provide any benefit when due under the plan? the plan have any participant loans? (If "Yes," enter amount as of ye	ar end.)		10g		Х				
	g Did 1	the plan have any participant loans? (If Tes, enter amount as 57)	setructions and 29 (CFR			х				
1		s is an individual account plan, was there a blackout period? (See in 0.101-3.)			10h						
		0.101-3.) The was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3			10i						
_											
			(If "Yes," see instru	ictions and cor	nplete	Sche	dule SB	(Form	☐ Yes	П №	
11	Is th	is a defined benefit plan subject to minimum funding requirements?								X No	
12	10 11	D))	rements of section	412 of the Cod	e or s	ection	302 of	ERISA!	□	. 🗀	
12	, 15 ti	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		28 - 82				o data of t	he letter ri	ılina	
	a ifa	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amnting the waiver.	ortized in this plan	year, see instru Mo	nth _	s, and	_ Day		Year		
	gran	nting the waiver.	(Form 5500), and	skip to line 13				<u> </u>			
	l	the minimum required contribution for this plan year					12b				
		the amployer to the plan for this DIAN V	ear				120		-		
		or the amount contributed by the employer to the plants of					12d				
	neg	ative amount)	nding deadline?					Yes	No	N/A	
	e Will	the minimum funding amount reported on line 12d be met by the ld	naing doddinio								
Pa	art VII	Plan Terminations and Transfers of Assets					П.	Yes X	No		
1	3a Ha	s a resolution to terminate the plan been adopted in any plan year?]	13a					
	0.200		yer this year								
-	b We	ere all the plan assets distributed to participants or beneficiaries, tran	sferred to another	pian, or brougi					Ye	s X No	
	o 15 o	the PBGC? luring this plan year, any assets or liabilities were transferred from the ich assets or liabilities were transferred. (See instructions.)	nis plan to another p	plan(s), identify	/ tne p			-181/-)	130	(3) PN(s)	
		1) Name of plan(s):			-		13c(2) E	iiv(s)	100	(0) 1 11(0)	
-	100(Trans or paster									
-		: A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reason	able	cause	is estal	blished.		مانيام مطع	
	Inder pe	: A penalty for the late or incomplete filing of this returnize on all the second state of perjury and other penalties set forth in the instructions, I can be seen and signed by an enrolled actuary, as well as the second secon	declare that I have on the electronic vers	examined this retu	return ırn/reț	/report oort, ar	, includi nd to the	ng, if applie best of m	y knowled	ge and	
h	elief, it	is true, correct, and complete.									
	(Lesler () Ham	10/08/12	Lester J.							
1	SIGN		Date	Enter name of	of indi	vidual	signing	as plan ad	ministrato	r	
	HERE	Signature of plan administrator									

Date

Enter name of individual signing as employer or plan sponsor