Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Р	ension B	enefit Guaranty Corporation	► Complete all entries in accord	dance witl	h the instructions to the Form 550	O-SF.	Inspection
Pa	art I	Annual Report Ic	lentification Information				•
For	calend	lar plan year 2011 or fisca	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011
A	This re	turn/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)	ſ	a one-participant plan
В	This re	turn/report is:	the first return/report	the final re	eturn/report	-	_
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	
_	Chock	box if filing under:	▼ Form 5558		extension	[DFVC program
C	CHECK		special extension (enter description		OCACONOION	L	_ Di vo piogiam
De		Pacia Plan Inform		,			
	art II	•	mation—enter all requested information	ation		1h	Three digit
		of plan S PEST CONTROL 401(K) PI AN				Three-digit plan number
L/ 10 1	JI ILII V	01 201 00111102 101(1.0) 1.2.11				(PN) • 001
						1c	Effective date of plan
							01/01/2007
		sponsor's name and address PEST CONTROL CO.	ess; include room or suite number (e	mployer, if	for a single-employer plan)		Employer Identification Number
LAU	GIILIIV	3 FEST CONTROL CO,	ine.				(EIN) 41-1330170
						2c	Sponsor's telephone number 651-646-6131
		ERSITY AVENUE MN 55104				24	Business code (see instructions)
01.1	AOL, I	VII 4 33 10 4				Zu	561710
3a	Plan a	administrator's name and	address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's EIN
		S PEST CONTROL CO,	INC. 1908 UNIVER	RSITY AVE			41-1330170
			ST. PAUL, MI	N 55104		3c	Administrator's telephone number 651-646-6131
4	If the	name and/or EIN of the n	lan anapar has shanged since the l	oot roturn/	roport filed for this plan, enter the	4b	
4			lan sponsor has changed since the later from the last return/report.	asi returri	report filed for this plan, enter the	40	EIN
а	Spons	sor'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	
С			count balances as of the end of the p	• (•	_	
		,	<u></u>			5c	
-		•	luring the plan year invested in eligible		•		X Yes No
b	,	3	ne annual examination and report of a See instructions on waiver eligibility a			,	X Yes ☐ No
		•	er 6a or 6b, the plan cannot use Fo				
Pa	rt III	Financial Informa	ation				
7	Plan	Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total	plan assets		. 7a	51228		70028
b	Total	plan liabilities		7b			
С	Net p	lan assets (subtract line 7	7b from line 7a)	. 7c	51228		70028
8	Incom	ne, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total
а		ibutions received or recei		0 (1)	8561		
	1.1			8a(1)	12190	_	
	` '	·		8a(2)	12190	_	
	` ,	, ,)	8a(3)	1265	_	
b			- (-) - (-)	8b	-1365		10296
C			8a(2), 8a(3), and 8b)	8c			19386
d			rollovers and insurance premiums	. 8d			
е	Certa	in deemed and/or correct	ive distributions (see instructions)	8e			
f	Admii	nistrative service provider	rs (salaries, fees, commissions)	. 8f	586		
g	Other	expenses		. 8g	0		
h	Total	expenses (add lines 8d,	8e, 8f, and 8g)	8h			586
i	Net in	ncome (loss) (subtract line	e 8h from line 8c)	8i			18800
j	Trans	sfers to (from) the plan (se	ee instructions)	8j			

Form	EEOO	CE	0011	
⊢orm	5500	SE 2	7()TT	

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 2R 3D

Part IV

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

Part	Compliance Questions		1				
10	During the plan year:		Yes	No	Α	mount	
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				1569
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		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		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					
Part		1	ı				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X 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.)					ш	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
lf :	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 negative amount)			12d			
<u>e</u>	Will the 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 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 of the PBGC?			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.)	he pla	n(s) to			_	
1	(3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	1	
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return of schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.	urn/re _l	port, ir	cludin	g, if applicab		
Delie	, it is ital, contost, and complete.						

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	MICHAEL LAUGHLIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	MICHAEL LAUGHLIN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Laughlin's Pest Control 401(k) Plan

12-31-2011 Form 5500-SF

Note regarding Par V 10(a) Plan sponsor is in the process of correcting the late deposits.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Banefit Guaranty Corporation

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This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

77 (2)	Annual Report Identification Information	ordance v	with the instructions to the Form 58	00-8F.	inspection
Ē	or the calendar plan year 2011 or fiscal plan year beginning	01	/01/2011 and ending		
A	This return/report is for:			1	2/31/2011
E			ble-employer plan (not multlemployer)		a one-participant plan
		the fina	f return/report		
_	an amended return/report	a short	plan year return/report (less than 12 m	onths)	
С	Check box if filing under:	automa	tic extension		DFVC program
-	special extension (enter description			1	
	Basic Plan Information — enter all requested inf	formation			
1:	A Name of plan	CHINATON,		146	
	Laughlin's Past Control 401(k) Plan			"	Three-digit plan number
	101111111111111111111111111111111111111				(PN) ► 001
_				1c	Effective date of plan
2;		mplover, if	for simple-employer plan)	_	01/01/2007
	Laughlin's Pest Control Co, Inc.		The striple striple plany		Employer Identification Number
					(EIN) 41-1330170
	1908 University Avenue			20	Plan sponsor's telephone number (651) 646-6131
					Business code (see Instructions)
<u>08</u> 3a	MN 33104			;	561710
32	Plan administrator's name and address (If same as plan sponsor, en Same	ter "Same	")	3b	Administrator's EIN
	· 				
				3c /	Administrator's telephone number
				""	with a state of telephone number
4	If the name and/or EIN of the plan sponsor has changed since the lan	st return/re	port filed for this stee.	# L -	
a	A STATE OF PART HOLD OF BOTH ON THE PART ISSUINABOUT	or remining	port med for this plan, enter the	4b e	
5 a				4¢ F	PN
b	Total number of participants at the end of the plan year			<u>5</u> a	6
C	Number of participants with account balances as of the end of the ele	en waar (da	flood bonett start de en	<u>5b</u>	7
_	Consideration (Const.)			5c	
6a	assets during the plant's assets during the plan year invested in eligible a	essets? (Si	ee Instructions \		
Þ	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independe	and not not the second		<u> </u>
	If you answered "No" to either 6s or 6b, the plan cannot use Forn	a condition	5.)		· · · XYes No
P.	Financial Information	11 0000-01-	and must instead use Form 5500.		
7	Plan Assets and Liabilities	T	(a) Boots In a 4 V		
a	Total plan assets	7-	(z) Beginning of Year	 -	(b) End of Year
b	Total plan liabilities	7a 7b	51,228	1-	70,028
c	Net plan assets (subtract line 75 from line 7a)			 	
8	Income, Expenses, and Transfers for this Plan Year	. 7c	51,228	-	70,028
a	Contributions received or receivable from:	· · · · · ·	(a) Amount	p	(b) Total
	(1) Employers	8a(1)	8,561		
	(2) Participants	8a(2)	12,190		
_	(3) Others (including rollovers).	Sa(3)			
-	Other income (loss)	8b	(1,365)		and the state of t
2	Total Income (add fines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	19,386
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			To The Party	13,386
	Certain deemed and/or corrective distributions (see instructions)	8d			
f	Administrative service providers (salaries, fees, commissions)	8e		Section 1	
	Other expenses	8f	586	模 看注:	Paramore to the second
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	<u> </u>	100	
	Net income (loss) (subtract line 8h from line 8c).	8h			586
	Transfers to (from) the plan (see Instructions)	_ 8i	<u> </u>	It priper .	18,800
		8j		177	

								_
Form 5500-8F 2011								_
Plan Characteristics Plan Characteristics The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics The plan Characteristics The plan Characteristics The plan Characteristics The plan Plan Characteristics The plan Characteri	cteristic	Code	es in 1	the inst	tructions:			
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the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charact 2E 2F 2G 2J 2K 2R 3D 2E Description of Plan Charact the plan provides welfare feature codes from the List of Plan Charact the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact the plan provides welfare benefits.	(61,000							
the plan provides welfare benealts, entry transfer and provides welfare benealts, entry transfer and transfer					_ 			_
Compliance Questions		<u></u>	1 5 N	<u> </u>	A	ımount		_
the time period described in	, 4	.	x \	- 1			1,56	-
During the plan year. Uning the plan year. Was there a failure to transmit to the plan any participant contributions within the time period described in Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2610.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program) 29 CFR 2610.3-102? (See Instructions with any party-in-Interest? (Do not include transactions reported		оь _		×				_
Were there any nonexerne	ļ	OC		x				
on line 10a.) Was the plan covered by a fidelity bond? Was the plan's fidelity bond, that was caused by fraud	, [\top		x				
market night have a loss, whether of the	• • •	04		-				
or dishonesty?	}	10e		×				_
		101		×	<u> </u>			
instructions.)		10g	٠.	x	No. and Description	and Alberta Street	and a subject to the	
Has the plan failed to provide any benefit when due unus to be the plan failed to provide any benefit when due unus to be any participant loans? (If "Yes." enter amount as of year end.) Did the plan have any participant loans? (If "Yes." enter amount as of year end.)		<u> </u>		×	9 - 33 2			
A SHOOL ARCAUM DIGHT, WAS ALVA.	• •	10 <u>h</u>	├-	+		Personal Control		TA N
h If this is an Individual account plan, was there a blackout period? (See insuce or one of the 2520.101-3.)		101	_			a de la companya de l		ALC:
4 40b was answered "Yes," check the value and CER 2520.101-3				ulo CB				
Pangion Funding Compilation Property of Types," see instructions and	i compl	ete S	cneu	me so	(, 0	<u>, L</u>	Yes 🗓	140
2 Is this a defined contribution plan subject to the minimum funding requirements.		land	and 6	enter th		• . –	Yes 🗓	No
15:500) Is this a defined contribution plan subject to the minimum funding requirements of the line of the minimum funding standard for a prior year is being amortized in this plan year, see the waiver of the minimum funding standard for a prior year is being amortized in this plan year, see the waiver of the minimum funding standard for a prior year is being amortized in this plan year, see the waiver of the waiver o	instruct	land	and 6	enter th	ne date of	• . –	_	No
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