Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [X] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LPR CONSTRUCTION CO. PROFIT SHARING PLAN WITH 401K ARRANGEMENT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1984

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

LPR CONSTRUCTION CO.

1171 DES MOINES AVE.
LOVELAND, CO 80537

1171 DES MOINES AVE.
LOVELAND, CO 80537

2b Employer Identification Number (EIN) 84-0792665

2c Sponsor's telephone number 970-663-2233

2d Business code (see instructions) 238900

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/15/2012	DANA HOHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	C. ROCKWELL TURNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
LPR CONSTRUCTION CO.

1171 DES MOINES AVE.
LOVELAND, CO 80537

3b Administrator's EIN
84-0792665

3c Administrator's telephone number
970-663-2233

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	239
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	734
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	752
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	752
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	169
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LPR CONSTRUCTION CO. PROFIT SHARING PLAN WITH 401K ARRANGEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LPR CONSTRUCTION CO.

D Employer Identification Number (EIN)
84-0792665

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID. INV. INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

WF STABLE VALUE

94-9907844

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTE

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	1725	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF EUROPAC GROWTH R5 - AMERICA 95-2566717	.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INTERNATIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ACORN Z - COUMBIA MARKET	.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JD MID CAP VALUE IS - BOSTON 04-2526037	.15%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY LG CAP GR I - BOSTON 04-2526037	.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS VALUE R4 - MFS SERVICE CENTER 04-2865649	.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RT INST BOSTON FINANCIAL 04-2526037	.01%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INT VAL R5 BOSTON FIN 04-2526037	.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY SM CO OPP1 CITI FUND 31-1249295	.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LPR CONSTRUCTION CO. PROFIT SHARING PLAN WITH 401K ARRANGEMENT

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LPR CONSTRUCTION CO.

D Employer Identification Number (EIN)
84-0792665

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LPR CONSTRUCTION CO. PROFIT SHARING PLAN WITH 401K ARRANGEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LPR CONSTRUCTION CO.

D Employer Identification Number (EIN)
84-0792665

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	18964	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1453	1398
(2) Participant contributions	1b(2)	14576	12611
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	292444	365614
(9) Value of interest in common/collective trusts	1c(9)	1497631	481385
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4073962	5585166
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5899030	6446174
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	20515	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	20515	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5878515	6446174

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	83312	
(B) Participants	2a(1)(B)	831718	
(C) Others (including rollovers)	2a(1)(C)	40161	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		955191
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	14303	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14303
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	187316	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		187316
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		431
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-307967
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		849274
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	226146	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		226146
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		26512
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	1168	
	(4) Other	2i(4)	27789	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28957
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		281615
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		567659
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BAUERLE AND COMPANY P.C. **(2)** EIN: 84-0817888

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
LPR CONSTRUCTION CO. PROFIT SHARING PLAN WITH 401K ARRANGEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LPR CONSTRUCTION CO.

D Employer Identification Number (EIN)
84-0792665

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 75-3182674 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LPR CONSTRUCTION COMPANY
PROFIT SHARING PLAN WITH
401(K) ARRANGEMENT

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

INDEPENDENT AUDITORS' REPORT

To the Trustees of LPR Construction Company
Profit Sharing Plan with 401(k) Arrangement

We were engaged to audit the Statements of Net Assets Available for Benefits of the LPR Construction Company Profit Sharing Plan with 401(k) Arrangement, as of December 31, 2011 and 2010, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011, and the supplemental schedules as of and for the year ended December 31, 2011, as listed in the accompanying contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes H and I, which was certified by Fidelity Management Trust Company, the current custodian of the Plan, and MG Trust Company, LLC, the former custodian of the Plan, except for comparing the information with the related information included in the 2011 and 2010 financial statements and supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the current and former custodians, as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, the scope of our work was not sufficient to enable us to express and we do not express an opinion on these accompanying financial statements and supplementary schedules. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bauerle and Company, P.C.

Bauerle and Company, P.C.
FEIN: 84-0817888

August 28, 2012
Denver, Colorado

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LPR CONSTRUCTION COMPANY
PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

ASSETS

	2011	2010
INVESTMENTS:		
Non-Interest Bearing Cash	$ -	$ 18,964
Mutual Funds (at Fair Value)	5,585,166	4,073,962
Investment in Fully Benefit-Responsive Investment Contracts (at Fair Value)	493,901	1,539,295
Total Investments (at Fair Value)	6,079,067	5,632,221
RECEIVABLES:		
Employers' Contributions	1,398	1,453
Participants' Contributions	12,611	14,576
Participant Notes Receivable	365,614	292,444
Total Receivables	379,623	308,473
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	6,458,690	5,940,694
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	(12,516)	(41,664)
TOTAL ASSETS	6,446,174	5,899,030

LIABILITIES

LIABILITIES:		
Excess Participants' Contributions to Distribute	(-)	(20,515)
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,446,174	$ 5,878,515

The accompanying notes are an integral part of the financial statements.

LPR CONSTRUCTION COMPANY
PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Investment Gain from Fully Benefit-Responsive Investment Contracts		$ 431
Dividend Income		187,316
Participants' Loan Interest		14,303
Investment Income - Net		202,050
Employers' Contributions	$ 83,312	
Participants' Contributions	831,718	
Rollover Contributions	40,161	
Total Contributions/Rollovers		955,191
Total Additions		1,157,241
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net Investment (Loss) from Mutual Funds	(307,967)	
Benefits Paid to Participants	(226,146)	
Deemed Distributions of Participants' Loans	(26,512)	
Administrative Fees	(28,957)	
Total Deductions		(589,582)
NET INCREASE IN NET ASSETS		567,659
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR		5,878,515
NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR		$ 6,446,174

The accompanying notes are an integral part of the financial statements.

A Description of Plan.

The following description of the LPR Construction Company Profit Sharing Plan with 401(k) Arrangement (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1 **General.** The Plan is a defined contribution plan consisting of a 401(k) Plan and a Profit Sharing Plan. The Plan covers all full-time employees of the Company who have completed thirty days of service, are age eighteen or older, and are not covered by a collective bargaining agreement. The Plan covers employees rendering services for the employer on contracts subject to the Davis-Bacon Act, Service Contract Act, or other Federal, State, or Municipal prevailing wage laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2 **Contributions.**

Profit Sharing Plan: Each year, it is the discretion of the Company's Board of Directors to determine the amount of contribution.

401(k) Plan: Each year, participants may contribute up to the amount allowable by law of pretax annual compensation, as defined in the Plan. For the years ended December 31, 2011 and 2010, the amount was $16,500, for both years. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company may contribute a matching contribution equal to a percentage of each participant's contribution with the exact percentage to be determined each year by the Company. Additional amounts may be contributed at the option of the Company's Board of Directors. Contributions are subject to certain limitations. The Company contributions to the Plan for employees, subject to prevailing wage laws, are determined by the Company based on rates that satisfy the wage determination issued by the governmental agency responsible for the contract.

3 **Participant Accounts.** Each participant's account is credited with the allocation of (a) the participant's contributions, (b) the Company's contributions, (c) Plan earnings, and (d) forfeitures of terminated participants non-vested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

A Description of Plan. (Continued)

4 **Vesting.** Participants are immediately vested in their contributions plus actual earnings thereon. The participants are vested in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon based upon a six year vesting schedule. Participants are immediately vested in contributions subject to prevailing wage laws.

5 **Investment Options.** Upon enrollment in the Plan, contributions will be allocated between accounts as directed by the participant in accordance with the investment allocation form provided by the employer. Participants may change their investment options at any time.

6 **Payment of Benefits.** Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified time period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

7 **Participant Notes Receivable.** Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes fund. Loan terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the Wall Street Journal prime rate plus 1%. Principal and interest is paid ratably through weekly payroll deductions.

8 **Forfeited Accounts.** At December 31, 2011 and 2010, the balance of forfeited accounts totaled $32,442 and $28,953, respectively. The Company has the option to return forfeited accounts back to the Plan as additional contributions, to offset future employer contributions, or to be used to pay Plan expenses.

9 **Administrative Expenses**. Certain expenses of maintaining the Plan are directly paid by the Company. Administrative fees paid out of Plan assets for the years ended December 31, 2011 and 2010, were $28,957, and $61,219, respectively.

B Summary of Accounting Policies.

1 **Basis of Accounting.** The financial statements of the Plan are prepared using the accrual method of accounting.

B Summary of Accounting Policies. (Continued)

2 **Estimates.** The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3 **Investment Valuation and Income Recognition.** The investments of all of the funds, except the fully benefit-responsive investment contracts, are presented at fair value based on the quoted market prices of the underlying securities within each fund at December 31, 2011 and 2010. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fully benefit-responsive investment contracts are reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings less distributions.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4 **Payment of Benefits.** Benefits are recorded when paid.

5 **Subsequent Events.** In preparing its financial statements, the Company has evaluated subsequent events through August 28, 2012, which is the date the financial statements were available to be issued. The Company has not identified any material subsequent events that require reporting or disclosure.

6 **Participant Notes Receivable.** Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent loans may be classified as distributions based upon the terms of the Plan document.

C Risks and Uncertainties.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

D Fair Value Measurements.

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels, and all of the Plan's investments are valued using inputs considered Level 1 and Level 2.

Level 1 Fair Value Measurements.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of mutual funds are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements.

The fair value of the fully benefit-responsive investment contracts are based on quoted net asset values of similar assets in active markets at year-end.

D Fair Value Measurements. (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

Assets at Fair Value as of December 31, 2011

	Fair Value	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
Index funds	$ 148,645	$ 148,645	$ -	$ -
Growth Funds	138,843	138,843	-	-
Value Funds	87,962	87,962	-	-
Fixed Income Funds	194,074	194,074		
Other Funds	5,015,642	5,015,642	-	-
Total Mutual Funds	5,585,166	5,585,166	-	-
Investment in Fully Benefit-Responsive Investment Contract	493,901	-	493,901	-
Total Assets at Fair Value	$ 6,079,067	$ 5,585,166	$ 493,901	$ -

Assets at Fair Value as of December 31, 2010

	Fair Value	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
Index Funds	$ 397,267	$ 397,267	$ -	$ -
Growth Funds	658,209	658,209		
Value Funds	112,058	112,058	-	-
Fixed Income Funds	34,515	34,515	-	-
Other Funds	2,871,913	2,871,913	-	-
Total Mutual Funds	4,073,962	4,073,962	-	-
Non-Interest Bearing Cash	18,964	18,964	-	-
Investment in Fully Benefit-Responsive Investment Contract	1,539,295	-	1,539,295	-
Total Assets at Fair Value	$ 5,632,221	$ 4,092,926	$ 1,539,295	$ -

E Plan Termination.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

F Tax Status.

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated July 6, 2010 and the plan sponsor believes that the Plan continues to qualify and to operate as designed. As of December 1, 2009, a restated 401(k) Profit Sharing Plan was put into place by the Company to be in compliance with the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

G Profit Sharing Contribution.

During the years ended December 31, 2011 and 2010, the Board of Directors elected to not make a discretionary profit sharing contribution.

H Investment Contracts with Insurance Companies.

During 2011, the Plan entered into a fully benefit-responsive investment contract with Wells Fargo Bank, N.A, (Wells Fargo). Fidelity Management Trust Company (Fidelity) has classified this benefit-responsive investment contract as a common collective trust. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

H Investment Contracts with Insurance Companies. (Continued)

The guaranteed investment contract is presented on the face of the Statement of Net Assets Available for Benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants can ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the Plan by Fidelity.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011, was $493,901. The crediting interest rate was based on a formula agreed upon with the issuer. Such interest rates were reviewed on a quarterly basis for resetting.

	2011
Average Yields:	
Based on Actual Earnings	2.33%
Based on the Interest Rate Credited to Participants	1.56%

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Wells Fargo. The plan administrator believed the occurrence of such events that would also limit the Plan's ability to transact at contract value with the Plan participants is not probable.

During 2008, the Plan entered into a fully benefit-responsive investment contract with Reliance Trust Company (Reliance). MG Trust Company, LLC (MG Trust) classified this benefit-responsive investment contract as a common collective trust. Because the guaranteed investment contract was fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

The guaranteed investment contract is presented on the face of the Statement of Net Assets Available for Benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by MG Trust represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

H Investment Contracts with Insurance Companies. (Continued)

The adjustment from fair value to contract value for the investment contract was based on the contract value as reported to the Plan by MG Trust.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010, was $1,539,295. The crediting interest rate was based on a formula agreed upon with the issuer. Such interest rates were reviewed on a quarterly basis for resetting.

	2010
Average Yields:	
Based on Actual Earnings	8.97%
Based on the Interest Rate Credited to Participants	3.73%

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Reliance. The plan administrator believed the occurrence of such events that would also limit the Plan's ability to transact at contract value with the Plan participants was not probable.

I Investment in Mutual Funds.

The following is a detail of the investment in mutual funds at December 31, 2011 and 2010. Cost is not readily determinable:

	2011	2010
American Funds Europacific Growth	$ 7,762	$ -
Columbia Acorn Z	303	-
Fidelity Freedom 2000	102,462	-
Fidelity Freedom 2010	30,633	-
Fidelity Freedom 2015	886,980*	-
Fidelity Freedom 2020	805,086*	-
Fidelity Freedom 2025	439,990*	-
Fidelity Freedom 2030	536,441*	-
Fidelity Freedom 2035	586,481*	-
Fidelity Freedom 2040	594,580*	-
Fidelity Freedom 2045	585,457*	-
Fidelity Freedom 2050	408,431*	-

I Investment in Mutual Funds. (Continued)

	2011	2010
iShares Barclays Intermed Govt/Credit Bond Fund	$ -	$ 10,803
iShares Russell 1000 Growth Index	-	128,873
iShares Russell 1000 Value Index	-	58,799
iShares Trust S&P MidCap 400 Index	-	387,437*
JP Morgan Midcap Value Is	62,168	-
Mainstay Large Cap Growth I	61,196	-
Manning & Napier Pro Blend Ext Term I	-	1,857
Manning & Napier Pro Blend Max Term I	-	9,019
Manning & Napier Pro Blend Mod Term I	-	12,902
MFS Value R4	25,794	-
Pimco Total Return Instl	47,911	-
Powershares QQQ	-	442,718*
Powershares DB Commodity Index	-	156,931
ProShares Short S&P 500	-	9,830
Russell Lifepoints 2015 Strategy R1	-	3,285
Russell Lifepoints 2025 Strategy R1	-	103,897
Russell Lifepoints 2035 Strategy R1	-	400,727*
Russell Lifepoints 2045 Strategy R1	-	548,065*
Thornburg Int Value R5	69,581	-
Vanguard 500 Index Sig	81,576	-
Vanguard FTSE All World ex-US ETF	-	361,031*
Vanguard Mid-Cap Growth ETF	-	270,843
Vanguard Mid-Cap Index Sig	30,562	-
Vanguard Mid-Cap Value ETF	-	50,250
Vanguard Emerging Markets Stock ETF	-	195,979
Vanguard REIT Index ETF	-	167,970
Vanguard Small Cap ETF	-	378,765*
Vanguard Small Cap Index Sig	36,507	-
Vanguard Total Bond Market Sig	146,164	-
Vanguard Small Cap Value	-	3,009
Vanguard Small Cap Growth ETF	-	234,715
Vanguard Total Bond Market ETF	-	23,712
Vanguard Total International Stocks	24,736	-
Vanguard Total Stock Market ETF	-	112,545
Victory Small Co Opp	14,365	-
	$ 5,585,166	$ 4,073,962

* Amount represents 5% or more of the Total Net Plan Assets for the respective years ended December 31.

J Related Party Transactions.

During the year ended December 31, 2011, certain Plan investments were shares of mutual funds managed by Fidelity Management Trust Company, Inc. (Fidelity). Fidelity is the custodian and third party administrator, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees and commissions paid by the Plan for the investment management and recordkeeping services amounted to $2,893, for the year ended December 31, 2011.

K Reconciliation of Financial Statements to Schedule H Form 5500.

As of December 31, 2011 and 2010, the Plan's Form 5500 Annual Return/Report of Employee Benefit Plan reports the benefit-responsive investment contracts with Wells Fargo Bank, N.A and Reliance Trust Company, LLC as common collective trust investments. The following is a reconciliation of the financial statements to the Plan's Form 5500:

Statement of Net Assets Available for Benefits:

	2011	2010
Investment in Fully Benefit-Responsive Investment Contracts – per Financial Statements	$ 493,901	$ 1,539,295
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts – per Financial Statements	(12,516)	(41,664)
Investment in Common Collective Trusts – per Form 5500	$ 481,385	$ 1,497,631

L Regulatory Compliance.

During the year ended December 31, 2011, the Company was delinquent in remitting participant contributions and participant loan repayments to the Plan in accordance with Department of Labor regulations. At December 31, 2011, the calculated lost earnings amounted to $146 on the delinquent amounts as computed under the Voluntary Fiduciary Correction Program as per Schedule H – Line 4a of Form 5500. During the year ended December 31, 2011, the Company had contributed all delinquent participant contributions and participant loan repayments.

SUPPLEMENTARY SCHEDULES

Attachment to Schedule H of Form 5500 for the plan year beginning January 1, 2011 and ending December 31, 2011
LPR Construction Company Profit Sharing Plan with 401(k) Arrangement
Plan Sponsor - LPR Construction Company EIN 84-0792665 PN 001

Part IV - Line 4a - Schedule of Delinquent Participant Contributions

	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Lost Earnings on Late Contributions	Total Corrected
	$ 34,479	$ -	$ 34,479	$ 146	$ 34,479

Attachment to Schedule H of Form 5500 for the plan year beginning January 1, 2011 and ending December 31, 2011
LPR Construction Company Profit Sharing Plan with 401 (K) Arrangement
Plan Sponsor - LPR Construction Company EIN 84-0792665, Plan #001

Part IV - Line 4i - Schedule of Assets Held for Investment Purposes

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Fidelity Freedom 2000	Mutual Fund	Not Determinable	$ 102,462
*	Fidelity Freedom 2010	Mutual Fund	Not Determinable	30,633
*	Fidelity Freedom 2015	Mutual Fund	Not Determinable	886,980
*	Fidelity Freedom 2020	Mutual Fund	Not Determinable	805,086
*	Fidelity Freedom 2025	Mutual Fund	Not Determinable	439,990
*	Fidelity Freedom 2030	Mutual Fund	Not Determinable	536,441
*	Fidelity Freedom 2035	Mutual Fund	Not Determinable	586,481
*	Fidelity Freedom 2040	Mutual Fund	Not Determinable	594,580
*	Fidelity Freedom 2045	Mutual Fund	Not Determinable	585,457
*	Fidelity Freedom 2050	Mutual Fund	Not Determinable	408,431
	Vanguard Total International Stocks	Mutual Fund	Not Determinable	24,736
	Pimco Total Return Instl	Mutual Fund	Not Determinable	47,911
	Columbia Acorn Z	Mutual Fund	Not Determinable	303
	Mainstay Large Cap Growth I	Mutual Fund	Not Determinable	61,196
	Thornburg Int Value R5	Mutual Fund	Not Determinable	69,581
	Vanguard 500 Index Sig	Mutual Fund	Not Determinable	81,576
	Vanguard Mid Cap Index Sig	Mutual Fund	Not Determinable	30,562
	Vanguard Small Cap Index Sig	Mutual Fund	Not Determinable	36,507
	Vanguard Total Bond Market Sig	Mutual Fund	Not Determinable	146,164
	MFS Value R4	Mutual Fund	Not Determinable	25,794
	JP Morgan Midcap Value Is	Mutual Fund	Not Determinable	62,168
	American Funds Europacific Growth	Mutual Fund	Not Determinable	7,762
	Victory Small Co Opp	Mutual Fund	Not Determinable	14,365
	Wells Fargo Stable Value Fund	Benefit-Responsive Investment Contract	Not Determinable	481,385
	Participant Loans	Maturity Dates through December 2016; Interest Rates from 3.25% to 9.25%		365,614
				$ 6,432,165

* Denotes Party-in-Interest

Form 5500 Filing Notes

LPR Construction Co. Profit Sharing Plan with 401(k) Arrangement
Form 5500
FOR THE YEAR ENDING
12/31/2011

This return must be electronically filed with the Department of Labor --
Employee Benefits Security Administration (EBSA)
by: 10/15/2012

Please follow these steps to finalize your return:

Step 1
Follow special instructions

- Download the Form 5500 data file by clicking on the 'Form 5500 data file ready for download' link. Save the file on your local PC. Electronically file the 5500 on the Department of Labor's website: http://www.efast.dol.gov. Most of the data needed for the filing can be imported directly into the DOL site by using the formatted data file you downloaded from PSW. Add required schedules as attachments to the online filing. Notes on Attachments: The auditor's opinion must be a PDF document. Other attachments can be PDF or plain text (.TXT). Attachments are added electronically to the filing on the DOL website.
- Please note that a copy of the IRS Form 5558 "Application for Extension of Time to File Certain Employee Plan Returns", which was filed with the Internal Revenue Service, has been included, as a separate link on PSW with your Form 5500. You will be able to print a copy of the Form 5558 from Plan Sponsor Webstation ® (PSW ®) and maintain it in the permanent records for your plan.
- Your company's plan was required to have an audit for the plan year ending 12/31/11, and to attach the accountants' opinion to the 5500. Please make sure that the financial information in the accountants' financial statements agrees with the Form 5500. If there is a variance, please be sure the audit report discloses the differences. Failure to attach the accountants' opinion and required schedules in EFAST2 could result in a potential Department of Labor inquiry. If applicable, attach the following schedules that were prepared by the accountant to the filing on the DOL website: Schedule of Reportable Transactions, Schedule of Assets (Held at End of Year) and/or Schedule of Assets (Acquired and Disposed of Within the Year). If the accountants' report discloses any prohibited transactions, loans in default, or non-exempt reportable transactions, please notify your Fidelity Testing and Reporting Consultant so we can change Part IV of the Schedule H and if applicable complete the Schedule G.

Step 2
Electronically Sign the 5500 filing

- An authorized signer must electronically sign the filing on the DOL website. An authorized signer is a plan trustee, plan administrator, or other plan fiduciary. The plan administrator must sign the Form 5500. Form 5500 Signers must first register for electronic credentials with the DOL. Refer to the instructions on the DOL's website: http://www.efast.dol.gov or call 1-866-GOEFAST. Note: employees who import the 5500 and associated schedules must register with the DOL for the 'Filing Author' role.
- The Form 8955-SSA replaced the Form 5500 Schedule SSA. You will need to sign, date, and file the form directly with the IRS. Do not attach Form 8955-SSA information to your form 5500 filing.

  Print and Mail your Form 8955-SSA to the Department of the Treasury on or before 10/15/2012.

  Please note: If Part III of your Form 8955-SSA report has zero participants, you are not required to file the report with the Internal Revenue Service. You should maintain a hardcopy of the report to retain as a permanent record. If you need to make changes to the report, please contact Testing and Reporting Services.

  By certified mail:

  Department of the Treasury

  Internal Revenue Service Center

  Ogden, UT 84201-0024

  Do not make photocopies of the Form 8955-SSA for filing with the Internal Revenue Service. This may cause a rejection of the filing. Mail a copy that is directly from your printer.

Note: Verify that your printer settings are not set to greater than or less than 100%. This could cause your Form 8955-SSA to be rejected by the IRS filing system.

- ❑ Maintain a signed hardcopy of the 5500 to retain as a permanent record.

Step 3
Distribute SAR

- ❑ Copy the Summary Annual Report and distribute to all active and inactive plan participants by 12/15/2012.