Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012			
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan			
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name	of plan	·			1b	Three-digit			
LARSONS D	EMOLITION, INC. PR	OFIT SHARING PLAN				plan number			
						(PN) • 001			
					1C	Effective date of plan			
20 Diam of		deservice alorde and an existence and a			2h	01/01/1986			
	DEMOLITION, INC.	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2 D	Employer Identification Number (EIN) 91-1274132			
					2c	Sponsor's telephone number			
P.O. BOX 45						509-535-7944			
SPOKANE, \	WA 99203				2d	Business code (see instructions) 238900			
	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address				3b Administrator's EIN 91-1274132				
ARSONS DE	EMOLITION, INC.	P.O. BOX 4 SPOKANE	1535 , WA 99203		3c	Administrator's telephone number			
			•			509-535-7944			
		e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN				
	•	mber from the last return/report.			4				
Sponsor's name Total number of participants at the beginning of the plan year						PN			
					5a	6			
b Total r	number of participants	at the end of the plan year			5b	0			
		account balances as of the end of t		•	5c	0			
	•	s during the plan year invested in el				X Yes No			
_	•	f the annual examination and report	•	•					
under	29 CFR 2520.104-46	? (See instructions on waiver eligibi	lity and conditions.)		·····	X Yes No			
lf you	answered "No" to e	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.			
		her penalties set forth in the instruc							
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic ve	rsion of this return/report	i, and	to the best of my knowledge and			
bollot, it is t	rac, correct, and com	olete.	1	1					
SIGN	Filed with authorized	valid electronic signature.	07/09/2013	LESTER J. LARSON	SON				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan administrator				
SIGN	,					, 5			
HERE	0	, .	5.	F					
Prenarer's	Signature of emplo	pyer/pian sponsor name, if applicable) and address; in	Date			gning as employer or plan sponsor parer's telephone number (optional)			
i ichaici s	name (molading iiiii i	amo, ii appiicabio, and address, iii	orage room of suite number	or (optional)	116	arei e telephone number (optional)			

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Do	t III Financial Information		<u> </u>							
	t III Financial Information Plan Assets and Liabilities		(a) Daniminu of Var		T		(h) Fud of Voor			
		7-	(a) Beginning of Yea				(b) End of Year			
	Total plan assets Total plan liabilities	7a 7b	49912	3			0			
	Net plan assets (subtract line 7b from line 7a)	76 7c	49912)3			0			
	Income, Expenses, and Transfers for this Plan Year	70		.0			-			
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1855	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					18550			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	51767	'3						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					517673			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-499123			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	Part V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а				10a		Х				
b		? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		75000			
d	· · · · · · · · · · · · · · · · · · ·			100			73000			
	or dishonesty?			10d		Х				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X				
f				10f		Χ				
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						X				
h		(See instru	uctions and 29 CFR	10g 10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii						
Part	1	1-0		101						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo									
b	Enter the minimum required contribution for this plan year					12b				

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Enter the amount contributed by the employer to the plan for this plan year	12c				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
VII Plan Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes No		
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.)	0		_		
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	

14b Trust's EIN

14a Name of trust

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Dort I A	Innual Report I	Identification Information		l diam	12/31/20	1.2					
Part I A	olan year 2012 or fis	scal plan year beginning	01/01/2012	and ending							
A This return		X a single-employer plan	a multiple-employer plan	(not multiemployer)	a one-parti	cipant plan					
B This return		the first return/report	X the final return/report		ntha)						
D TINSTERAN	пороле ю	an amended return/report	a short plan year return/r	eport (less than 12 mo	nuis)	aram					
C Check box	cif filing under:	Form 5558	automatic extension		DFVC pro	gram					
		special extension (enter desc									
Part II	Basic Plan Info	rmation—enter all requested in	formation		1b Three-digit						
4 m. Name of	nlon				plan number	001					
Larsons	Demolition,	Inc. Profit Sharing	2 2 3 1 1		(PN) 1c Effective dat	o of plan					
					01/01/19	86					
		ddress; include room or suite numb	er (employer, if for a single-e	mployer plan)	2b Employer Ide	entification Number					
2a Plan spo	nsor's name and ad Demolition,	Tnc.	ci (cilipio) o i		(EIN) 91-1274132						
					2c Sponsor's telephone number 509-535-7944						
P.O. Box	x 4535				2d Business code (see instructions)						
		WA 99203			238900						
Spokane	i i testavia nomo 2	MZ	sor Name Same as Plan	Sponsor Address	3b Administrato	or's EIN 132					
	ministrator's name a Demolition,				3c Administrator's telephone number						
Larsons	Demoticion				509-535						
Р.О. Во	x 4535										
910 49		WA 99203									
Spokane		he plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN						
4 If the name	ame and/or EIN of th EIN, and the plan n	he plan sponsor has changed sind umber from the last return/report.	e the last return open meets	e escato • escato a	4c PN						
						6					
Fo Total n	umber of participant	ts at the beginning of the plan year			5b	0					
b Total n	umber of participant	ts at the end of the plan year		St along do not	30						
c Numbe	er of participants with	h account balances as of the end of	of the plan year (defined bene	piaris do not	5c	0					
		invocted in	plinible assets? (See Instruc	HORIS.)		X Yes No					
b Are yo	ou claiming a waiver	of the annual examination and rep	ort of an independent qualifie	ed public accountant (IC	QPA) 	X Yes No					
under	29 CFR 2520.104-4	of the annual examination and rep 46? (See instructions on waiver eligoneither line 6a or line 6b, the plan	pibility and conditions.)	and must instead us	e Form 5500.						
						d					
Caution: A	penalty for the lat	te or incomplete filing of this retu other penalties set forth in the inst	ructions. I declare that I have	examined this return/re	eport, including, if a	applicable, a Schedule					
SB or Sche	edule MB completed	and signed by an emoned details	, as well as the electronic ver	rsion of this return/repo	ort, and to the best	of my knowledge and					
belief, it is	true, correct, and co	omplete.									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Lester J. La	ndividual signing as plan administrator							
HERE	Signature of plan	n administrator	Date	Enter name or indiv	idual signing as pic						
SIGN						anlover or plan sponsor					
HEDE	Signature of emi	ployer/plan sponsor	Date	Enter name of indiv	ridual signing as employer or plan sponsor Preparer's telephone number (option						
Preparer's	name (including firr	ployer/plan sponsor m name, if applicable) and address	; include room or suite numb	ег (орионат)	, roparo, o tolop						
10000000											
1											

Part III Financial Information					/1	n) End of \	Year		
7 Plan Assets and Liabilities		(a) Beginning of Year 499	122	(b) End of Year					
a Total plan assets	7a	499	123						
b Total plan liabilities	7b	4.00	123						0
C Net plan assets (subtract line 7b from line 7a)	7c		123			(b) Tota			
Transfers for this Plan Year		(a) Amount				(b) Tota	21		
2 Contributions received or receivable from:	0 (4)		0						
(1) Employers	8a(1)		0						
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)	1.8	3550						
b Other income (loss)	8b							18	8550
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	51'	7673	3					
e Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f								
a Other expenses	. 8g							51	7673
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			-				-49	9123
Net income (loss) (subtract line 8h from line 8c)	. 8i								
Transfers to (from) the plan (see instructions)	. 8j								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension			7 7-1	:- Car	lee in th	oo inetructi	ons.		
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plan Charac	tensu			Ciriotiadae			
Part V Compliance Questions					No Amount				
During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fig.	utions withi	in the time period described in			х				
29 CFR 2510.3-102? (See instructions and DOL's voluntary in	st? (Do not	include transactions reported	10a 10b		Х				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									7500
c Was the plan covered by a fidelity bond?			10c						
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or or	other persor	ns by an insurance carrier, nefits under the plan? (See	10e		Х				
!teretions \			10f		Х				
f Has the plan failed to provide any benefit when due under the p	olaii?				Х				
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of year	end.)	10g	\vdash			E H		
h If this is an individual account plan, was there a blackout period	? (See inst	ructions and 29 OF K	10h		X				
 i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. 	d the requir	ed Hotice of one of the	10i						
				0.1	dulc Cr	2 (Form	Т		
11 Is this a defined benefit plan subject to minimum funding requir				Sche		 T		Yes	N
							ТГ	Yes	XN
- I was also subject to the minimum fund	ling require	ments of section 412 of the Coo	de or s	section	302 of	ERISA?		163	Δ 1
Is this a defined contribution plan subject to the minimum area. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel	low, as app	licable.)		Service of		ha deta ef	the l	atter ru	iling
a If a waiver of the minimum funding standard for a prior year is	being arrior	Mc	uction onth_	s, and	enter t Day	ne date of /	Yea	ar	y
If you completed line 12a, complete lines 3, 9, and 10 of Sche	dule Mp (1	Offir 3500), and only			405	T			
b Enter the minimum required contribution for this plan year					12b				