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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	
		lentification Information				
For	calendar plan year 2009 or fisca	al plan year beginning 10/01/200)9	and ending 0	9/30/2	2010
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В .	Γhis return/report is for:	n/report				
		n year return/report (less than 12 mor	nths)			
C	Check box if filing under:	extension		DFVC program		
		special extension (enter description	on)			
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation			
1a	Name of plan				1b	Three-digit
LEVE	RNIER CONSTRUCTION, INC	. PROFIT SHARING PLAN				plan number
					_	(PN) F
					1C	Effective date of plan 09/18/1978
2a	Plan enoneor's name and addr	ess (employer, if for single-employer	· nlan)		2h	Employer Identification Number
	RNIER CONSTRUCTION, INC	,	piarij		20	(EIN) 91-1349941
					2c	Plan sponsor's telephone number
	OX 13419 KANE VALLEY, WA 99213-3419	0			0.1	509-927-3000
3501	VAINE VALLET, WA 99213-341	9			2 a	Business code (see instructions) 236200
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
	RNIER CONSTRUCTION, INC	PO BOX 134	119			91-1349941
		SPORANE	ALLET, VV	'A 99213-3419	3с	Administrator's telephone number 509-927-3000
4 1	the name and/or EIN of the pla	4b EIN				
		er from the last return/report. Sponso		,		
					4c	PN
5a		the beginning of the plan year			5a	12
b	·	the end of the plan year			5b	13
С		ith account balances as of the end o			5c	13
6a	·			(See instructions.)		
				ndent qualified public accountant (IQI		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes No
			orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Informa	ation		I	1	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	1686084	ŀ	1916983
b	•			C		0
<u>C</u>		7b from line 7a)	. 7с	1686084	ļ	1916983
8	Income, Expenses, and Transf			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	ivable from:	. 8a(1)	23529	,	
	• • • •			81960	-	
)		0.000		
b	, ,			145626	5	
C	, ,	8a(2), 8a(3), and 8b)				251115
d		rollovers and insurance premiums				23.110
	1 \		. 8d			
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8е		4	
f	Administrative service provider	rs (salaries, fees, commissions)	8f	20216	5	
g	Other expenses		. 8g			
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h			20216
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			230899
j	Transfers to (from) the plan (see	ee instructions)	. 8i			

Part IV	Plan Characteristics	:

SIGN HERE

Signature of employer/plan sponsor

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

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

art	V Compliance Questions										
0	During the plan year:		Yes	No		Amo	unt				
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)		X								
С	Was the plan covered by a fidelity bond?	X				2	250000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraction dishonesty?		X								
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X								
f	Has the plan failed to provide any benefit when due under the plan?	10f		X							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X							
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i									
art	VI Pension Funding Compliance										
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						Yes	No			
2											
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.	√onth									
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		г		1						
b	Enter the minimum required contribution for this plan year			12b							
	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 negative amount)			12d				1			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A			
art	VII Plan Terminations and Transfers of Assets										
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>				Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ght under	the co	ontrol			Yes	X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the pla	ın(s) to)		1					
1	3c(1) Name of plan(s):	13	c(2) El	N(s)	1	3c(3)	PN(s)				
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable ca	use is	establ	ished.						
SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retained; it is true, correct, and complete.										
SIGI	Filed with authorized/valid electronic signature. 03/22/2011 DENNIS M. F	UCKER									
HER	-	of individ	f individual signing as plan administrator								

Date

Enter name of individual signing as employer or plan sponsor

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

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

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

L	Part I Annual Report Identification Information								
Fo	or calendar plan year 2009 or fiscal plan year beginning	10/01	/2009 and ending		09/30/2010				
Α	This return/report is for:	multiple	-employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	final ret	urn/report						
	an amended return/report	short pla	an year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558	,	DFVC program						
•	special extension (enter descripti	tic extension		_ b, vo program					
	art II Basic Plan Information—enter all requested inform	······································							
	Name of plan	Tation		1h	Three disit				
	LEVERNIER CONSTRUCTION, INC. PROFIT SHA	RING P	T.AN	10	Three-digit plan number				
	The state of the s		13.11		(PN) ▶ 001				
				1c	Effective date of plan				
					09/18/1978				
28	Plan sponsor's name and address (employer, if for single-employer LEVERNIER CONSTRUCTION, INC.	r plan)		2b	Employer Identification Number				
	Edvindent Comprison () Tive.			20	(EIN) 91-1349941 Plan sponsor's telephone number				
	PO BOX 13419			20	509 - 927 - 3000				
	SPOKANE VALLEY WA 99213-3419			2d	Business code (see instructions)				
		***************************************		ļ.,	236200				
38	Plan administrator's name and address (if same as Plan sponsor, e LEVERNIER CONSTRUCTION, INC.	enter "San	ne")	3b	Administrator's EIN 91-1349941				
	PO BOX 13419			30	Administrator's telephone number				
	SPOKANE VALLEY WA 99213-341	L9			509-927-3000				
4	If the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c PN					
5a	Total number of participants at the beginning of the plan year			+					
b		5a	1:						
	,			5b	13				
C	Total number of participants with account balances as of the end o complete this item)	t the plan	year (defined benefit plans do not	5c	13				
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No				
	Are you claiming a waiver of the annual examination and report of								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)		X Yes No				
-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500	-SF and must instead use Form 55	00.					
	art III Financial Information	Biographics							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a	Total plan assets		168608	4	1916983				
	Total plan liabilities	7b		0	(
С	Net plan assets (subtract line 7b from line 7a)	7c	168608	4	1916983				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)	2352	۵					
	(2) Participants		8196	-					
			0196	믝					
h	(3) Others (including rollovers) Other income (loss)	8a(3)	14562	\exists					
b	,	8b	14562	6					
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			251115				
u	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2021	<u>a</u>					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			20216				
i	Net income (loss) (subtract line 8h from line 8c)	8i			230899				
i	Transfers to (from) the plan (see instructions)	8j		148 (2.1584)	230033				
	, , , ,								

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Form	5500	·St	2009

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HERE

SIGN

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Signature of plan administrator

Signature of employer/plan sponsor

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

Par				r						
10	During the plan year:		Yes	No		Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	****	Х		***************************************				
С	Was the plan covered by a fidelity bond?	10c	Х			250	0000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х						
f	Has the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete S	Schedi	ule SB	(Form	☐ Yes ☐	No			
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X	No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montrou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	tions, h	and e	nter th Day	e date of th	e letter ruling Year	No ordenia			
b	Enter the minimum required contribution for this plan year			12b						
	Enter the amount contributed by the employer to the plan for this plan year			12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N	V/A			
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			,		Yes X	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 control of the PBGC?									
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan	(s) to							
1	Bc(1) Name of plan(s):		13c(2) EIN(s)			13c(3) PN	(s)			
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	caus	e is e	stabli	shed.	L				
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/respectively. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/resit is true, correct, and complete.	n/repo	ort, inc	ludina	, if applicab	le, a Schedul nowledge and	e			
	10 - 20	n				·····				
SIGN	Name 1 Rush 2/2/11 Dennis M.	- KU(JKer				1			

Date

Date

2/2/11

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Dennis M. Rucker