	Form 5500-SF	Short Form Annual R	/ee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	This form is required to be filed	`	2010							
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	This Form is Open to Public								
Р	Pension Benefit Guaranty Corporation Inspection										
Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011											
		single-employer plan			9/30/2						
	This return/report is for:		•	mployer plan (not multiemployer)		one-participant plan					
B	This return/report is for:	first return/report an amended return/report	final retur	·							
-		year return/report (less than 12 mor	nths)								
C	Check box if filing under:	Form 5558		extension		DFVC program					
D	ut II Desis Dien Inform	special extension (enter descriptio	,								
	Int II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit					
	ERNIER CONSTRUCTION, INC	. PROFIT SHARING PLAN				plan number 001					
						(PN)					
					1c	Effective date of plan 09/18/1978					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1349941					
	OX 13419				2c	Plan sponsor's telephone number 509-927-3000					
	KANE VALLEY, WA 99213-3419	9			2d	Business code (see instructions)					
3a	Plan administrator's name and ERNIER CONSTRUCTION, INC	address (if same as Plan sponsor, ei	nter "Same	;")	3b	Administrator's EIN 91-1349941					
	· · · · · · · · · · · · · · · · · · ·	SPOKANE V		A 99213-3419	3c	Administrator's telephone number 509-927-3000					
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b EIN						
	name, EIN, and the plan numbe										
50	Total number of participants at	the beginning of the plan year			4c	PN 13					
b		the end of the plan year		ł	5a	13					
c c		th account balances as of the end of	ł	5b							
	complete this item)		5c	10							
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b				dent qualified public accountant (IQF		X Yes No					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
Pa	rt III Financial Informa				1						
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year						
a			. 7a	1916983 0		1550095					
b		otal plan liabilities									
<u> </u>	· · · ·	b from line 7a)	7c	1916983							
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total					
u			8a(1)	0							
	(2) Participants		8a(2)	0							
	(3) Others (including rollovers)	0									
b		ner income (loss)									
C		ome (add lines 8a(1), 8a(2), 8a(3), and 8b)			_	28600					
d		direct rollovers and insurance premiums 8d				34					
е	, ,	ive distributions (see instructions)	0								
f		s (salaries, fees, commissions)	1760			4					
g	Other expenses		8g	0							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			395488					
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			-366888					
j	Transfers to (from) the plan (se	e instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV **Plan Characteristics**

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

Part	V Co	ompliance Questions							
10	During	the plan year:		Yes	No		Amo	ount	
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)				Х				
b		ere any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10a.)	10b		Х				
С	Was th	e plan covered by a fidelity bond?	10c	Х				:	250000
d		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud onesty?	10d		Х				
е	insuran	ny fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ce service or other organization that provides some or all of the benefits under the plan? (See ions.)	10e		X				
f	Has the	plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the	plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	10h		Х				
i		as answered "Yes," check the box if you either provided the required notice or one of the ons to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pe	ension Funding Compliance							
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
	(If "Yes, If a waiv granting	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) ver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct the waiver	ctions,	and e	enter th	e date of	the let		0
b	Enter th	e minimum required contribution for this plan year		[12b				
С		e amount contributed by the employer to the plan for this plan year			12c				
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left e amount)			12d				
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	lo	N/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a re	esolution to terminate the plan been adopted during the plan year or any prior year?		·····-				Yes	× No
	lf "Yes,"	enter the amount of any plan assets that reverted to the employer this year			13a				
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought BGC?						Yes	X No
C		this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ssets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	3c(1) Na	me of plan(s):		130	c (2) El	N(s)		13c(3)	PN(s)
Caut	on: A no	analty for the late or incomplete filing of this return/report will be assessed unless reasonab		ieo ie	octabl	ichod			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	04/23/2012	PAUL G LEVERNIER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Benefit Plan Benefit Plan Determination Processes and takes Intermine Colspan="2">Processes Processes Proce		Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089				
Descense Operation Descense Operation This Form is Opera to Public Impaction Part I Annual Report Ideating Construction 1 Complete all enrices in accordance with the instructions to the Form 5500-SF. This Form is Opera to Public Impaction Part I Annual Report Ideating Construction 1 Complete all enrices in accordance with the instructions to the Form 5500-SF. Impact Ideating Ideatidea Ideatidea Ideating Ideating Ideatidea Ideating Ideating Ideat								2	2010			
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Internet and the second the second the second and the second and the second and the seco	F	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
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under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instruction	ons.)			🛛 Yes 🗌 No			
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500.SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 1916983 1550095 b Total plan assets (subtract line 7b from line 7a) 7c 1916983 1550095 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (1) Employers 8a(2) 0 (2) Part income (loss) 8a(3) 0 b Other income (loss) 8b 28600 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 28600 c Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 17604 g Other expenses 8g 0 395488 i Net income (loss) (subtract line 8h from line 8c) 8h 395488 <th>b</th> <th colspan="9"></th>	b											
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	j											

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	Form 5500-SF 2010 Page 2-						
Pa	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2J 2K 3D	acteris	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in	the instru	uctions:	
Par	t V Compliance Questions						
10	During the plan year:	r	Yes	No	ļ	Amou	nt
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10ь		X			
С	Was the plan covered by a fidelity bond?	10c	Х				25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
-	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					. П ч	es 🗍 No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	. 🗌 Y	es 🛛 No
а	(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 instru-	ctions,	and e	enter th	ne date o	f the letter	ruling
	granting the waiver			Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b	1		
	Enter the minimum required contribution for this plan year			120 12c			
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		-				
u	negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	No No	N/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?					<u> ү</u>	es 🛛 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Γ	13a	-		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co		1	Y	es 🛛 No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to				
1	3c(1) Name of plan(s):		130	: (2) EI	N(s)	130	:(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	e cau	so is i	establ	ished		
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	ırn/rep	ort, in	cluding	q, if appli	cable, a S	chedule
	f, it is true, correct, and complete.			5 ano 6	2010111	,	Je 20,9

SIGN	au G. sehr	02/02/12	Paul G. Levernier
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Faul G servin	21/20/50	Paul G. Levernier
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor