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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	1 the instructions to the Form 55	000-5F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	a one-participant plan		
В	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	n year return/report (less than 12	months)			
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	special extension (enter descriptio	n)		L			
Ps	Irt II Basic Plan Information—enter all requested information	•					
	Name of plan	alion		1h -	Three-digit		
	ENBERGER CONSTRUCTION 401(K) PROFIT SHARING PLAN				plan number		
					(PN) ▶ 001		
				1c	Effective date of plan		
					01/01/2004		
	Plan sponsor's name and address; include room or suite number (er ENBERGER CONSTRUCTION	mployer, if	for a single-employer plan)		Employer Identification Number		
ROS	ENDEROLK CONSTRUCTION				EIN) 02-0563317		
				2c Sponsor's telephone number 208-772-5018			
	MILES AVE. DEN, ID 83835			24 5	Business code (see instructions)		
11/11	DEIN, ID 03033			Zu	236110		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's EIN		
ROSI	ENBERGER CONSTRUCTION 74 E. MILES / HAYDEN, ID		,		02-0563317		
				3C /	Administrator's telephone number 208-772-5018		
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year				1 6		
b	Total number of participants at the end of the plan year			- Ou			
	Number of participants with account balances as of the end of the p			5b			
С	complete this item)		•	5c	5		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and report of a				V vaa D Na		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Yes No		
Pa	rt III Financial Information)rm 5500-	SF and must instead use Form :	500.			
7	Plan Assets and Liabilities		(a) Paginning of Year		(h) End of Your		
· _	Total plan assets	70	(a) Beginning of Year 429287		(b) End of Year 383944		
a b	Total plan liabilities	7a 7b	1487		1598		
C	Net plan assets (subtract line 7b from line 7a)	7 C	427800		382346		
		76					
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total		
a	(1) Employers	8a(1)					
	(2) Participants	8a(2)	2700				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-12248				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-9548		
d	Benefits paid (including direct rollovers and insurance premiums	- 55					
	to provide benefits)	8d	35858				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	48				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			35906		
i	Net income (loss) (subtract line 8h from line 8c)	8i			-45454		
j	Transfers to (from) the plan (see instructions)	8j					

Form	EEOO	CE	2011

		••	
Part IV	Plan	Characte	ristics

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

During the plan year:		Yes	No		Amo	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					60000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
rt VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
, ,			02 UI L				110
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			102 UI L		Ц		
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ctions,	and e	nter the	e date o	f the le	tter rulii	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter the	e date o	f the le	tter rulii	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, ith	and e	nter the Day ₋	e date o	f the le	tter rulii	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	nter the Day ₋	e date o	f the le	tter rulii	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, ith of a	and e	nter the Day ₋	e date o	f the le	tter rulii	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, th of a	and e	nter the Day	e date o	f the le	tter rulii	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, th of a	and e	nter the Day	e date o	f the le	tter rulii	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	Yes	f the le	tter rulii	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Yes	f the le	tter rulii	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day _ 12b 12c 12d [Yes	f the le	tter ruliir	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day _ 12b 12c 12d [Yes	f the le	tter rulii	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day _ 12b 12c 12d [Yes	f the le	tter ruliir	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day _ 12b 12c 12d [Yes X	f the leta Yea	tter ruliir	N/A No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Morf you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? TVII 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	of a	and e	12b 12c 12d Y	Yes X	f the leta Yea	No Yes	N/A No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Morf you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? TVII 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	of a	and e	12b 12c 12d Y	Yes X	f the leta Yea	No Yes	N/A No

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/27/2012	RON ROSENBERGER
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

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending		12/31/2011
A	This return/report is for: $\overline{\mathbb{X}}$ a single-employer plan $oxed{[}$	a multiple	employer plan (not multiemploye	er)	a one-participant plan
В	This return/report is: the first return/report	eturn/report			
	an amended return/report	months)		
C Check box if filing under: X Form 5558 automatic extension					DFVC program
•	special extension (enter description)				
Da					
L	rt II Basic Plan Information—enter all requested information	mation		1h	Three-digit
	Name of plan senberger Construction 401(k) Profit Sh	aring P	lan	15	plan number
110	00001901 0000140001011 101 (27, 110110 01				(PN) • 001
				1c	Effective date of plan
					01/01/2004
	Plan sponsor's name and address; include room or suite number	(employer, if	for a single-employer plan)	2b	Employer Identification Number
KO:	senberger Construction			-	(EIN) 02-0563317
74	E. Miles Ave.			20	Sponsor's telephone number 208-772-5018
, <u>-</u>				2d	Business code (see instructions)
Ha	yden ID 83835				236110
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	")	3b	Administrator's EIN
Ro	senberger Construction		,		02-0563317
	E. Miles Ave. vden ID 83835			3c	Administrator's telephone number 208-772-5018
	yden ID 83835 If the name and/or EIN of the plan sponsor has changed since the	eport filed for this plan, enter the	4b	EIN	
-	name, EIN, and the plan number from the last return/report.		, ,		
a	Sponsor's name	4c	PN		
5a	Total number of participants at the beginning of the plan year	5a	6		
b	Total number of participants at the end of the plan year	··· 5b	6		
С	Number of participants with account balances as of the end of the complete this item)			5c	5
6a	Were all of the plan's assets during the plan year invested in elig				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				X Yes ∐ No
	If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information	Form 5500-	SF and must instead use Form	5500.	
7	Plan Assets and Liabilities		(a) Beginning of Year	207	(b) End of Year 383944
a	Total plan assets			287	1598
	Total plan liabilities			487 800	382346
	Net plan assets (subtract line 7b from line 7a)	7с		800	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			
	(2) Participants	***************************************	2	700	
	(3) Others (including rollovers)				
b	Other income (loss)		-12	248	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-9548
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d	35	858	
е	Certain deemed and/or corrective distributions (see instructions).	8e			
f	Administrative service providers (salaries, fees, commissions)	8f		48	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8</u> h			35906
i	Net income (loss) (subtract line 8h from line 8c)	8i			-45454
i	Transfers to (from) the plan (see instructions)	8i			

Par										
9a	If th	e plan provides pension benefits, enter the applicable pension feature $E=2G=2J=2K=2R=3D=3H=2F$	e codes from the l	ist of Plan Chara	cteris	tic Co	des in	the instruction	ns:	
b	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	Compliance Questions								
10		ring the plan year:		_		Yes	No	А	mount	
а	29	is there a failure to transmit to the plan any participant contributions wo	Correction Progra	m)	10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do line 10a.)			10b		Х			
С	W	as the plan covered by a fidelity bond?			10c	Х				0000
d	Dic or	the plan have a loss, whether or not reimbursed by the plan's fidelity	y bond, that was c	aused by fraud	10d		Х			
е	ins	ere any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the t tructions.)	benefits under the	plan? (See	10e		х			
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Dic	I the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х			
h	25	nis is an individual account plan, was there a blackout period? (See in 20.101-3.)			10h		Х			
i	If 1 ex	Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	e of the	10i					
Part		Pension Funding Compliance								
11	ls t 550	his a defined benefit plan subject to minimum funding requirements?	(If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form	Yes	No
12		this a defined contribution plan subject to the minimum funding requir							Yes	X No
	(lf	'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.))							
	lf a gra	waiver of the minimum funding standard for a prior year is being amonting the waiver.	ortized in this plan	Mon	ctions, th	and e	nter th Day	e date of the	letter ruli ear	ng
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	12b			
		ter the minimum required contribution for this plan year					12c			
		ter the amount contributed by the employer to the plan for this plan ye				⊢	126			
d	ne	btract the amount in line 12c from the amount in line 12b. Enter the regative amount)					12d	∏ Yes □	No [
		I the minimum funding amount reported on line 12d be met by the fur	nding deadline?					169	NO	I N/A
Part							 ,	/ 37 N.		
13a		s a resolution to terminate the plan been adopted in any plan year?					<u>' </u>	res X No		
		Yes," enter the amount of any plan assets that reverted to the employ				3a				
b	of	re all the plan assets distributed to participants or beneficiaries, trans the PBGC?	,						Yes	X No
	wh	luring this plan year, any assets or liabilities were transferred from thi ich assets or liabilities were transferred. (See instructions.)	is plan to another	pian(s), identify tr	ne pia			(N/a)	13c(3)	DN(c)
	13c(1) Name of plan(s):			<u> </u>	13	c(2) El	IN(S)	130(3)	FIN(S)
Caut	tion	A penalty for the late or incomplete filing of this return/report w	vill be assessed u	ınless reasonab	le ca	use is	estab	lished.		
Unde SB o	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.									
010	M	Qa Pore lugh		Ron Rosenb	erge	er				
SIG			Date 9-26-12	Enter name of in	ndivid	ual sig	ning a	s plan admir	istrator	
		orginature or prair during secures				3				
SIG HEF		Signature of employer/plan sponsor	Date	Enter name of i	ndivid	ual sig	ning a	s employer o	r plan spo	nsor

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