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

2012

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report	Identification Information										
For calenda	ar plan year 2012 or fis	scal plan year beginning 10/01/	2012	and ending 0	9/30/2	2013						
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan					
B This ret	turn/report is:	the first return/report	the final return/report									
		an amended return/report	a short plan year retu	rn/report (less than 12 me	onths)							
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m					
				_								
Part II	Basic Plan Info	rmation—enter all requested inf	ormation									
1a Name	of plan				1b	Three-digit						
LEVERNIER	CONSTRUCTION, IN	C. PROFIT SHARING PLAN				plan number	001					
					10	(PN) FEFFECTIVE date of						
					10	09/18/						
	ponsor's name and add CONSTRUCTION, IN	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identif						
PO BOX 134	118	2c	Sponsor's telep									
	/ALLEY, WA 99213-34		2d	Business code (,							
		nd address Same as Plan Spons	_	n Sponsor Address	3b	Administrator's I						
EVERNIER (CONSTRUCTION, INC	C. PO BOX 1: SPOKANE	3418 VALLEY, WA 99213-341	8	3c	Administrator's t	elephone number					
						509-927	7-3000					
4 If the r	name and/or FIN of the	e plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4h	EIN						
		mber from the last return/report.	ine last return/report med i	or this plan, enter the	40	LIN						
	or's name				4c	PN						
		at the beginning of the plan year			5a		4					
		at the end of the plan year			5b		4					
		account balances as of the end of t		•	5c		4					
	•	s during the plan year invested in e					X Yes No					
b Are yo	ou claiming a waiver of	the annual examination and repor	t of an independent qualifi	ed public accountant (IQ	PA)							
		? (See instructions on waiver eligib	,				X Yes No					
		ther line 6a or line 6b, the plan c										
		or incomplete filing of this return					abla a Cabadula					
SB or Sche		ner penalties set forth in the instructed actuary, a plete.										
SIGN	Filed with authorized/	valid electronic signature.	04/18/2014	PAUL G LEVERNIER								
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator					
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor					
Preparer's	name (including firm n	ame, if applicable) and address; in	clude room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)					

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Do	w III Financial Information										
Pa	rt III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er				
<u>a</u>	Total plan assets	. 7a	137526					1	47835		
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7c	137526	32	-			1	47835	2	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	Tota	<u> </u>		
а	Contributions received or receivable from: (1) Employers	8a(1)	191	6							
			4500								
	(2) Participants	8a(2)	4300	,,,							
	(3) Others (including rollovers)	8a(3)	7404	•							
	Other income (loss)	8b	7181	9							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							11873	5	
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1564	5							
<u> </u>			1304	5							
<u>g</u>	Other expenses (add lines 2d, 2c, 2f, and 2c)	8g			+				4504	_	
-:-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1564		
÷	Net income (loss) (subtract line 8h from line 8c)	8i							10309	0	
	Transfers to (from) the plan (see instructions)	8j									
	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	ides from the List of Plan Char	acteris	tic Co	des in	the insti	uction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	aature cod	les from the List of Plan Chara	ctaristi	c Cod	es in t	ha inetri	ctions			
	in the plant provides werrare benefits, effect the applicable werrare to	cature cou	ics from the List of Flam Offara	otoristi	000	03 111 11	iic iiisti c	Clions	•		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a		tions within	n the time period described in					7.11	iount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest	•	•			X					
	on line 10a.)			10b							
	Was the plan covered by a fidelity bond?			10c	X					150	000
C						X					
	or dishonesty?			10d		^					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or any other organization.										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)			Х					
h	, , , , , , , , , , , , , , , , , , , ,			10g							
•	2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	he required	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Par	t VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem	,		•			•		7		N1-
	5500) and line 11a below)								Yes	Ш	No
11.	Enter the amount from Schedule SB line 39					11a		<u> </u>	1		
							FRISA?	1 1	Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of		<u>·· </u>	_		
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)								
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	, as applicang amortiz	able.) ed in this plan year, see instru	ctions,		enter th		f the I		ling	
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	, as applica	able.) ed in this plan year, see instru Mon	ctions,						ling	
a If	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	, as applicang amortiza	able.) ed in this plan year, see instructionMon m 5500), and skip to line 13.	ctions, th	and e	enter th		f the I		ling	

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	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		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 brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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

2012

This Form is Open to Public Inspection

Part I	Annual Report Ide	entification Information	and mar are mea-	iono io mo i om co.	70-31 . ·						
For calen	dar plan year 2012 or fiscal		/01/2012	and ending	09/30/2013						
A This re	eturn/report is for:	a single-employer plan	a multiple-employer į	plan (not multiemployer)	employer) a one-participant plan						
B This re	eturn/report is:	the first return/report 1	the final return/report	•							
		an amended return/report an a	short plan year retu	rn/report (less than 12 m	nonths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC program						
		special extension (enter description	1)								
Part II	Basic Plan Inform	ation—enter all requested informat	tion								
1a Name	e of plan				1b Three-digit						
LEVERI	NIER CONSTRUCTION	N, INC. PROFIT SHARING	G PLAN		plan number						
					1c Effective date of plan						
					09/18/1978						
2a Plan	sponsor's name and addres	ss; include room or suite number (em	ployer, if for a single	-employer plan)	2b Employer Identification Number						
LEVERI	NIER CONSTRUCTION	I, INC.			(EIN) 91-1349941						
ממ חת	X 13418				2c Sponsor's telephone number						
PU DUZ	7 13410				509-927-3000						
SPOKAN	JE VALLEY	WA 99213-3418			2d Business code (see instructions) 236200						
		ddress Same as Plan Sponsor Na	me Same as Pla	n Sponsor Address	3b Administrator's EIN						
	HER CONSTRUCTION	-	Почито со т	Topolion / Ida/ Coo	91-1349941						
		.,			3c Administrator's telephone number						
PO BOX	13418				509-927-3000						
SPOKAN	IE VALLEY	WA 99213-3418									
		in sponsor has changed since the las	st return/report filed for	or this plan, enter the	4b EIN						
	•	r from the last return/report.									
	sor's name	ne beginning of the plan year			4c PN						
					5a 4						
		ne end of the plan year			5b 4						
		ount balances as of the end of the pla			5c 4						
		ring the plan year invested in eligible									
b Are y	ou claiming a waiver of the	annual examination and report of an	independent qualifie	ed public accountant (IQI	PA)						
		ee instructions on waiver eligibility an									
		line 6a or line 6b, the plan cannot									
		complete filing of this return/report									
SB or Sch	attles of perjury and other pedule MB completed and si	gned by an enrolled actuary, as well	as the electronic ver	examined this return/rep sion of this return/report	port, including, if applicable, a Schedule , and to the best of my knowledge and						
belief, it is	true, correct, and complete				,,						
SIGN	12/6 1		11/12/12	PAUL G LEVERNI	TER						
HERE	Signature of plan admir	-:-44	17/16/13	 							
	Signature or plan agrim	IIStrator	Date	Enter name of individu	ual signing as plan administrator						
SIGN HERE		-	<u> </u>								
Therefore and I	Signature of employer/p	plan sponsor , if applicable) and address; include r	Date	Enter name of individu	ual signing as employer or plan sponsor Preparer's telephone number (optional)						
Ficharor	name (moluting min name	, il applicable, allu address, iliciade i	100HI OF SUITE HUMBE	(Optional)	Preparer's telephone number (optional)						
				1							
				i i	A section of the sect						

Pa	rt III Financial Information							_	
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	Т		(b) End	of Year	
а	Total plan assets	7a		7526	52				L478352
	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	13	7526	52				L 47 8352
8	Income, Expenses, and Transfers for this Plan Year	September 1	(a) Amount				(b) ¹	otal	
а	Contributions received or receivable from:	I I		192	16				
	(1) Employers	8a(1)		4500					Report Control of
	(2) Participants	8a(2)		4500	,,,				REPRESENTATION OF
	(3) Others (including rollovers)	8a(3)		7183	19	<u>:</u>			Visit State
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		710.					118735
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5-31-390-00-200-00-00-2-00-		0				110,33
е	Certain deemed and/or corrective distributions (see instructions)	8e			- 88				
f	Administrative service providers (salaries, fees, commissions)	8f		1564	15				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		12100					15645
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		Sign.	20				103090
j	Transfers to (from) the plan (see instructions)	8j							
b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for								
10	During the plan year:				Yes	No	T	Amount	
a			•	10a		х		Amount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				150000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the benefi	ts under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	tions and 29 CFR	10h		х			
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			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
11a	Enter the amount from Schedule SB line 39	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	······	Mon		and e	nter th Day	ne date of t	ne letter r Year	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					125	I		
b	Enter the minimum required contribution for this plan year				<u> </u>	12b	<u> </u>		

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С	Enter the amount contributed by the employer to the plan	n for this plan year			1	2c				
d	Subtract the amount in line 12c from the amount in line 1 negative amount)				1	2d				
е	Will the minimum funding amount reported on line 12d be	e met by the funding	deadline?	**************************			Yes	l N	lo	N/A
Part	VII Plan Terminations and Transfers of A	ssets								
13a	Has a resolution to terminate the plan been adopted in any p	lan year?			[Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverte	d to the employer th	is year		1	3a				
b	Were all the plan assets distributed to participants or ben of the PBGC?		d to another plan,	or brought under th	e con	trol 			Yes	X No
С	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instructi	sferred from this pla ons.)	n to another plan(s), identify the plan(s	s) to					
,	3c(1) Name of plan(s):				13c(2) EI	N(s)		13c(3)	PN(s)
								$\dashv \vdash$		
Part	VIII Trust Information (optional)									
14a	Name of trust				14	b Tr	ust's EIN			