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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instru	ctions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	Identification Information					
For calenda	ar plan year 2013 or fis	cal plan year beginning 10/01/20	013	and ending 0	1/31/2	014	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	x the final return/report				
		an amended return/report	X a short plan year retur	n/report (less than 12 mo	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	tion)				
Part II	Basic Plan Infor	rmation—enter all requested infor	mation				
1a Name	of plan				1b	Three-digit	
LEVERNIER	CONSTRUCTION, IN	C. PROFIT SHARING PLAN				plan number	
						(PN) ▶	001
					1c	Effective date of	
0- 5	 					09/18/	
	ponsor's name and add R CONSTRUCTION, IN	dress; include room or suite number IC.	(employer, if for a single-	-employer plan)			fication Number 49941
DO DOV 424	140				2c	Sponsor's telep	
PO BOX 134 SPOKANE \	/ALLEY, WA 99213-34	18			2d		(see instructions)
3a Plan a	dministrator's name an	d address ☐Same as Plan Sponsoi	r Name Same as Plar	n Sponsor Address	3h	23620 Administrator's I	
	CONSTRUCTION, INC	–	<u> </u>	1 oponsor / tadi ess	O.P.		49941
LVLKKULK		SPOKANE V	ALLEY, WA 99213-3418	3	3с		telephone number
						509-927	7-3000
1 If the r	name and/or EIN of the	nlan enonear has changed since the	o last roturn/roport filed fo	or this plan, optor the	1h	TINI .	
		plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN	
name,		plan sponsor has changed since the plan from the last return/report.	e last return/report filed fo	or this plan, enter the	4b 4c		
name, a Sponse	, EIN, and the plan num or's name						4
a Sponso	EIN, and the plan numor's name	nber from the last return/report.			4c		4
name, a Sponso 5a Total r b Total r c Numb	EIN, and the plan numor's name number of participants and participants are of participants are of participants with a	at the beginning of the plan year at the end of the plan year account balances as of the end of the	e plan year (defined bene	efit plans do not	4c 5a		
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of V	oar .	
<u>'</u> а	Total plan assets	7a	(a) Beginning of Tea		+		(D) LI	<u>u 01 1</u>	cai ()
	Total plan liabilities	7b		0					0)
	Net plan assets (subtract line 7b from line 7a)	7c	147835	2					0)
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(h)	Total		
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2635	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							26352	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	149755	1497557		20002				
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	714	7						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	504704	1
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	478352	2
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribut	tions within	n the time period described in		. 55			AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		X				
				10c	Χ					150000
d				100						130000
· ·	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all		. `	100		X				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g		•	<u> </u>	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
$\overline{}$	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)							[Yes	☐ No
11a	Enter the unpaid minimum required contribution for current year fr					11a			_	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	🗆 🗆	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					- = 01				<u> </u>
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
гаус	J		

С	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			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?	. X	res No	1	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	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			
	13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺ı	rust's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

				ctions to the Form 550		
Part	Annual Report Id	dentification Information				
	lar plan year 2013 or fisc		/01/2013	and ending		01/31/2014
***************************************		a single-employer plan		lan (not multiemployer)		a one-participant plan
	turn/report is:	the first return/report	the final return/report			
	,	an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter description	n)			
Part II	Basic Plan Infor	mation—enter all requested informa	ation			
1a Name	of olan				1b	Three-digit
	•	ON, INC. PROFIT SHARING	G PLAN			plan number
					10	(PN) VOL
						29/18/1978
	ponsor's name and addr IER CONSTRUCTION	ress; include room or suite number (er ON, INC.	mployer, if for a single-	employer plan)	ž	Employer Identification Number (EIN) 91-1349941
PO BOX	13418				2c	Sponsor's telephone number 509-927-3000
					2d	Business code (see instructions)
	E VALLEY	WA 99213-3418	По 81	Sponsor Address	24	236200 Administrator's EIN
	ioninistrators hame and IER CONSTRUCTIO	l address	anie Danie as ciai	opolisui Audress		91-1349941
					1	Administrator's telephone number
PO BOX	13418				· · · · · · · · · · · · · · · · · · ·	509-927-3000
SPOKAN	E VALLEY	WA 99213-3418				
4 If the i	name and/or EIN of the p	olan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN
name	EIN, and the plan numb	per from the last return/report				
		son mon more result and the			40	PN
a Spons	or's name				4c	<u> </u>
a Spons 5a Total	or's name number of participants at	t the beginning of the plan year			5a	4
a Spons 5a Total b Total	or's name number of participants at number of participants at				5a 5b	4 0
a Spons 5a Total b Total c Numb	or's name number of participants at number of participants at er of participants with ac lete this item)	t the beginning of the plan yeart the end of the plan year	lan year (defined bene	fit plans do not	5a 5b 5c	0
a Spons 5a Total b Total c Numb compl 6a Were	nor's name number of participants at number of participants at er of participants with ac lete this item)	t the beginning of the plan yeart the end of the plan yearcount balances as of the end of the plan year invested in eligible	lan year (defined bene e assets? (See instruc	fit plans do not	5a 5b 5c	0
a Spons 5a Total b Total C Numb compl 6a Were b Are younder	number of participants at number of participants at number of participants with actete this item)	t the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie nd conditions.)	fit plans do not tions.) d public accountant (IQ	5a 5b 5c PA)	4 0 0 0 0 X Yes No No No
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