## 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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I 📗 Annual Report Id	entification Information				
For	calendar plan year 2010 or fisca	l plan year beginning 01/01/20	10	and ending 1	2/31/2	2010
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report final return/report					_
		an amended return/report	short plar	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program
	Γ	special extension (enter descript	ion)			
Pa	rt II Basic Plan Inform	nation—enter all requested inforr	nation			
	Name of plan	Tariotti omeran requestes mien			1b	Three-digit
	CONSTRUCTION, INC. 401(K)	PROFIT SHARING PLAN				plan number 001
					4.	(PN) •
					10	Effective date of plan 01/01/1999
2a	Plan sponsor's name and addre	ess (employer, if for single-employe	er plan)		2b	Employer Identification Number
MRF	CONSTRUCTION, INC.					(EIN) 91-1710445
P.O.	BOX 7882				2c	Plan sponsor's telephone number 253-752-6950
	DMA, WA 98417				2d	Business code (see instructions)
						236110
3a MRF	Plan administrator's name and a CONSTRUCTION, INC.	address (if same as Plan sponsor, P.O. BOX 7		9")	3b	Administrator's EIN 91-1710445
		TACOMA, V			3c	Administrator's telephone number
						253-752-6950
		n sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
ļ	name, Elin, and the plan number	from the last return/report. Spons	sor's name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	10
	<b>b</b> Total number of participants at the end of the plan year				5b	9
С	Total number of participants wit	th account balances as of the end	of the plan y	ear (defined benefit plans do not		
	complete this item)				5c	8
	•	0 , ,		(See instructions.)		Yes   No
b				ndent qualified public accountant (IQions.)		X Yes □ No
	•			SF and must instead use Form 55		
Pa	rt III Financial Informa	tion				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		<u>7a</u>	249719	9	305495
b	Total plan liabilities		<u>7b</u>	0.10=11		20712
C	•	b from line 7a)	7с	249719	9	305495
8	Income, Expenses, and Transfe			(a) Amount		(b) Total
а	Contributions received or received	/able from:	8a(1)	7740	0	
				18369	5	
	• •					
b	Other income (loss)			2967	1	
С	Total income (add lines 8a(1), 8	Ba(2), 8a(3), and 8b)	8c			55776
d		ollovers and insurance premiums		(	0	
_						
		ve distributions (see instructions)			_	
t ~	· .	s (salaries, fees, commissions)			_	
g	•	- 04 d 0 - \				0
n :		se, 8f, and 8g)				55776
!	` , `	8h from line 8c)e instructions)				33770
	Transiers to thoma the biall (Se	o monuciono/	··· 8j	ĺ		

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGI ISLIGS

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

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

	11 (11)	e plan provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flan Chara	010110		200 111	uic iiistic	ictions.		
art	٧	Compliance Questions							
0	Dur	ring 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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					100000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	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.)							
f	Has	s 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		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[]	Yes	X No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	🔲	Yes	X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left lative amount)			12d			F	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	Мо	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wei	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s) <b>13c(3)</b>			PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ıse is	estab	lished.			
Jnde SB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ needule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ strue, correct, and complete.	ırn/rep	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	04/20/2011	CAROLIN FAST					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	04/20/2011	CAROLIN FAST					
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

## 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.										
P	Part I Annual Report Identification Information									
-	the calendar plan year 2010 or fiscal plan year beginning	01/0	/2010	and ending	12,	/31/2010				
	This return/report is for: x single-employer plan	] multiple-er	nplover plan (n	ot multiemployer)	Г	one-participar	nt nlan			
_			,		_	1 one-participal	it plan			
0	This return/report is for:	final return	•							
	an amended return/report	short plan	year return/rep	ort (less than 12 month	ıs) —					
С	Check box if filing under: Form 5558	automatic	extension		☐ DFVC program					
	special extension (enter description	٦)								
P	art II Basic Plan Information enter all requested info	rmation								
-	Name of plan	mattort.			1b 1	hree-digit				
	·				F	lan number				
	MRF CONSTRUCTION, INC. 401(k) PROFIT SHARING I	PLAN				PN) ▶	001			
	·				1	Effective date of 01/01/1999	plan			
$\frac{1}{2a}$	Plan sponsor's name and address (employer, if for single-employer p	lan)				- ii	ication Number			
	MRF CONSTRUCTION, INC.	iuri)				EIN) 91-17:				
							elephone number			
	P.O. BOX 7882					(253) 752-6				
US	TACOMA WA 98417					Business code ( 2 <b>36110</b>	see instructions)			
3a	Plan administrator's name and address (If same as plan employer, er	nter "Same")	····			Administrator's E	ΞΙΝ			
	Same	,								
					30 /	dministrator's t	elephone number			
					30 /	diffinistrator s t	elephone number			
						***************************************				
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN and the plan number from the last return/report. Sponsor's		rt filed for this	olan, enter the	4b EIN					
	name, Em and the plan humber from the last return/report. Sponsors	s ivanie			4c PN					
5a	Total number of participants at the beginning of the plan year				<b>5a</b> 10					
b	Total number of participants at the end of the plan year				5b		9			
C	Total number of participants with account balances as of the end of the				_					
	complete this item)				5c	1.	8			
	Were all of the plan's assets during the plan year invested in eligible a	•	•				X Yes No			
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	•	•	c accountant (IQPA)			X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use For		•	ad use Form 5500.						
P	art III Financial Information			· · · · · · · · · · · · · · · · · · ·						
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End	of Year			
a	Total plan assets	. 7a	(-, -	249,719	-	COS DISSESSIONI PROPERTY.	305,495			
b	Total plan liabilities	7b		243,713			303,493			
_		` <u> </u>		249,719			305,495			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c					· · · · · · · · · · · · · · · · · · ·			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	110000	(b) -	Fotal			
а	Contributions received or receivable from:  (1) Employers	. 8a(1)		7,740						
	(2) Participants	. 8a(2)		18,365	110					
	(3) Others (including rollovers)	8a(3)								
b		. 8b		29,671	200					
c	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	7/10 Miles	Analysis State 1984		55,776				
d	Benefits paid (including direct rollovers and insurance premiums	1 00		HINE OF THE SECOND	11025	Stock Bridge Control	33,776			
to provide benefits)										
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			1					
f	Administrative service providers (salaries, fees, commissions)	8f			100					
g	Other expenses	- 8g								
	·	11,90000	A PART OF THE				0			
h :	, , , , , , , , , , , , , , , , , , , ,	. 8h	THE DIRECTOR			55,776				
:	Net income (loss) (subject line 8h from line 8c)	. <u>8i</u>		The state of the s	200	33,776				

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Par	t IV Plan Characteristics		· · · · · ·			
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the Lis 2E 2F 2J 2K 3E  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List					
Par	rt V Compliance Questions					
10	During the plan year:		Y	es No	,	Amount
a	Was there a failure to transmit to the plan any participant contribution within the time period 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	)	10a	х		
_	on line 10a.)		10Ь	Х	:	
d		used by fraud	10c	x x	:	100,000
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance services or other organization that provides some or all of the benefits under the instructions.)	plan? (See	10e	х		
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	If this is an individual account plan, was there a blackout period? (See instructions and 29 (2520.101-3.)		10h	x		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3		10i			
Par	t VI Pension Funding Compliance					
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru5500))	uctions and complete s			•	. Yes 🕱 No
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 4 (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 to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the minimum funding standard for a prior year is being amortized in this plan to the section of the					. Yes XNo
lf	granting the waiver		,		Day	Year
þ	Enter the minimum required contribution for this plan year			12		
c d		sign to the left of a		12	_	
	negative amount)	• • • • • •	• •			□No □N/A
Pari	Will the minimum funding amount reported on line 12d be met by the funding deadline?  VIII Plan Terminations and Transfers of Assets		• •	• •	. Lites	□No □N/A
	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 .			. 13	a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another p of the PBGC?	lan, or brought under	the co	ntroi		. □Yes 🕱 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another pl which assets or liabilities were transferred. (See instructions.)	an(s), identify the plan	n(s) to			
	13c(1) Name of plan(s):			13c(2	) EIN(s)	13c(3) PN(s)
***************************************						
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unk	ess reasonable caus	e is es	tablish	ed.	
SB or	or penalties of perjury and other penalties set forth in the instructions, I declare that I have exa r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version f, it is true, correct, and complete					
SIC	11.10	CAROLIN FAST				

Date

Date

4-18-204

HERE

Signature of plan administrator

HERE Signature of employe /plan sponsor

CAROLIN FAST

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor