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).

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	► Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.	•		
		dentification Information						
For	calendar plan year 2009 or fisc	cal plan year beginning 09/01/200)9	and ending	08/31/2	2010		
Α.	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant p	lan	
В	Γhis return/report is for:							
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)			
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC program		
special extension (enter description)								
Da	rt II Basic Plan Infor	mation—enter all requested inform						
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit		
		ON LLC 401K PROFIT SHARING PL	AN		15	plan number		
						(PN) •	001	
					1c	Effective date of pla	n	
						09/01/2006		
	•	ress (employer, if for single-employe	r plan)		2b	Employer Identificat		
MUF	FETT & SONS CONSTRUCTION	ON LLC			2-	(EIN) 54-2117029		
7560	YAKIMA VALLEY HIGHWAY				2C	Plan sponsor's telep 509-877-41		
	AH, WA 98953				2d	Business code (see		
						237100	,	
		address (if same as Plan sponsor, e			3b	Administrator's EIN		
MUF	FETT & SONS CONSTRUCTION	ON LLC 7560 YAKIN ZILLAH, WA		HIGHWAY	0 -		54-2117029	
		,			3C	Administrator's telep		
4 1	the name and/or FIN of the pl	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	EIN	00	
		er from the last return/report. Spons		pertinouries time plant, enter the				
					4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a		10	
b	Total number of participants a	t the end of the plan year			5b		7	
С	Total number of participants w	vith account balances as of the end o	of the plan y	vear (defined benefit plans do not				
	'				5c		7	
		during the plan year invested in eligil					Yes No	
b		he annual examination and report of (See instructions on waiver eligibility				Б	Yes \square No	
		her 6a or 6b, the plan cannot use F		,			_ 100 L 110	
Pa	rt III Financial Inform		0	or and made motoda add rorm do				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of	/ear	
-	Total plan assets		7a	59125	5	(2) 2.10 01	53939	
b	. ota. pian accoro)		52	
C	'	7b from line 7a)		59125			53887	
8	Income, Expenses, and Trans		70	(a) Amount		(b) Tota		
а	Contributions received or rece			(a) Amount		(b) Tota	•	
<u> </u>			8a(1)					
	(2) Participants		8a(2)	260)			
		s)						
b	, ,	···········		221	5			
С	` ,	, 8a(2), 8a(3), and 8b)					2475	
d	, , , ,	rollovers and insurance premiums						
			8d	6668	3			
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e		_			
f	Administrative service provide	ers (salaries, fees, commissions)	8f	104	5_			
g	Other expenses		8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)					7713	
i		ie 8h from line 8c)					-5238	
i		see instructions)						

Dart IV	Dian	Characteristics	
Part IV	Plan	Characteristics	

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2R 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruction	ons:		
Part '	٧	Compliance Questions									
10	Dui	ing the plan year:				Yes	No		Amount		
а	a 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)						X				
b	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				
		the plan have a loss, whether or not reimbursed by the plan's fideli	10d		X						
							X				
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 y	year end.)		10g		X				
		is is an individual account plan, was there a blackout period? (See 20.101-3.)) CFR	10h		X				
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i						
Part \	۷I	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No	
		0))his a defined contribution plan subject to the minimum funding requ								X No	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	Otion	002 01	LICION	ш	ш	
а	lf a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							-	
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			h		Day		Year		
		er the minimum required contribution for this plan year	,	•		Г	12b				
		er the amount contributed by the employer to the plan for this plan y					12c				
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A	
Part \	/II	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					X Yes	No	
		es," enter the amount of any plan assets that reverted to the emplo					13a			0	
		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		Yes	X No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)											
13	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)			PN(s)		
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	e cau	se is	establ	ished.			
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. 06/10/2011 PENSION FILERS											
HERE	EDE					ndividual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

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MUFFETT AND SONS

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Form 5500-SF

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 6068(s) of the

OMB Nos. 1210-0110 1210-0659

2009

≛स्य	loyus Berneltz Sesurity Administration	Inspection							
	Pension Benefit Guaranty Corporation Complete all emiries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information									
	he calendar plan year 2009 or		09/01	/2009 and ending	08/31/2010				
A 7	This return/report is for:								
	·			The company of the re-					
	his return/report is for:	#irst return/report	final return	•					
	<u>L</u>	an amended return/report	short plan ;	year return/report (less than 12 months)					
C	Sheck box if filling under:	x Form 5558	automatic (noienstea	DFVC program				
	ſ	special extension (enter description))						
Pa	rt II Basic Plan Infor	mation — enter all requested infor	rthortener		<u>'</u>				
	Name of plan	The second secon	тарадат,	1	b Three-digit				
					plan number				
	MUFFERT & BONS CONSTR	DCTION LLC 401K PROFIT SEA	интиф БР	···	(PN) - 001				
				["	C Effective data of plan 09/01/2006				
28	Plan sponery's name and addre	ss (employer, if for single-employer pla	ro)	2	b Employer Identification Number				
	MUFFETT & SONE CONSTR			L	(EIN) 54-2117029				
				2	C Plan sponsors telephone number				
	7560 YAKIMA VALLEY BI	GENIAY		<u> </u>	(509) 877-4105				
US	ZILLAH	WA 98953		[2	Business code (see instructions) 237100				
		address (If same as plan employer, ent	er "Same")	1 3	D Administrator's EIN				
	SAME		,	1.					
				<u> </u>	2 Administrator's telephone number				
	•			"	C MILITARIO S SOIGNICIO HONORES				
4	If the name and/or EIN of the place.	en sponsor has changed since the last r from the tast return/report, Sponsor's I	return/repor	rt filed for this plan, enter the	D EIN				
	reals. Civ. Sim (se best innines	ment the statement the characters a	CHAIR FRO	4	C PN				
5a	Total number of participants at t	the beginning of the plan year			10				
b		he end of the plan year			7				
C		h account balances as of the end of the							
_	complete this item)	· · · · · · · · · · · · · · · · · · ·							
		fing the plan year invested in eligible as			· · · · · · · · · · · · · · · · · · ·				
Þ		e annual examination and report of an it see instructions on waiver eligibility and			X Yes No				
		r 6a or 6b, the plan cannot use Form			<u> </u>				
Par	rt ill Financial Inform		-		The state of the s				
7	Plan Assets and LiebSities			(a) Beginning of Year	(b) End of Year				
•	Total plan assets		79	59,125	53.939				
-			7b	9	52				
b	Total plan liabilities				53,887				
<u> </u>	Net plan assets (subtract line 75		. 7c	59,125					
8	Income, Expenses, and Transfe		<u> </u>	(z) Amount	(b) Total				
2	Contributions received or receive (1) Employers	able from:	. Sa(1)						
	· · · · ·		An(2)	260					
	(2) Periicipants								
Su.	(3) Others (including rollovers)		<u>\$a(3)</u>	2,215					
	Other income (loss)		8b	2,213					
Ç	Total income (add lines 8a(1), 6a		- 8c		2,475				
 Benefits paid (including direct millovers and insurance premiums to provide benefits) 				6,668					
		re distributions (see instructions)	8d 8a						
F	Administrative service providers	•	9f	1,045					
9	Other expenses		8g	4,043					
-					7,713				
h	Total expenses (add lines 8d, 8e	e 81 epy(17kg)	. <u>Bh</u>						
					/s.2381				
	Net income (loss) (subject line 8 Transfers to (from) the plan (see	In from line Sc)	. 81 81		(5,238)				

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MUFFETT AND SONS

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	Form 5600-8F 2009		Page 2-						
Pari	IV Plan Characteristics								·
9p .	the plan provides pension benefits, enter the applicable pension feat	ure codes from the i.t	t of Plan Characte	ristic Co	des in	the ir	structions:		•
ь	2A 2B 2G 2J 2K 2R 3D								
	fine plan provides welfare benefits, enter the applicable welfare feature.	re codes from the List	of Plan Characters	BIIC COO	les in t	LAGA BENE	Bructions:		
Par	V Compliance Questions				_				
10	During the plan year:				Yes	No	· · · · · · · · · · · · · · · · · · ·	Amount	
	Was there a failure to transmit to the plan any participent contribution	within the time period	f described in			×			
	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducier			10a			 		• • • • • • • • • • • • • • • • • • • •
	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	DESNIES BOUCHA JOH CK.	ware reponed	. 10b		x			
c	Was the plan covered by a fidelity bond?			196		x			•
đ	Did the plan have a loss, whether or not reimbursed by the plan's ficie	Nity bond, that was ca	used by fraud	·		_	 		
	or distronesty?			190		X			
0	Were any fees or commisions paid to any brokers, agents, or other p								
	insurence services or other organization that provides some or all of instructions.)	the benefits under the	olan? (See	100		×	ļ		
f	Has the plan failed to provide any benefit when due under the plan?			10f		×			
g	Did the plan have any participant loans? (if "Yes," enter amount as of	(yearend.)		10a		ж			
ħ	If this is an individual account plan, was there a blackout period? (Se-	e instructions and 29	ĊFR	1		-			
	2520.101-3.)			10h		ж			
	If 10h was answered "Yes," check the box if you either provided the resceptions to providing the notice applied under 29 CFR 2520.101-9	equired notice or one	of the	101					
	VI Pension Funding Compliance								,
11	is this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes," see instr	ctions and comple	te Sche	dule S	B (Fa	m.	⊥∐Yes	₹ IND
12	.5500)). Is this a defined contribution plan subject to the minimum funding req	uirements of section 4	12 of the Code or	sacBon i	302 of	ERE:	Α7	Yes	
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable							- 4	
а	If a walver of the minimum funding standard for a prior year is being a								
NE v	granting the waiver ou completed fine 12s, complete lines 3, 9, and 10 of Schedule MR			nth		Day		Year	
b	Enter the minimum required contribution for this plan year	-	- ·		_ [12b	İ		
c	Enter the amount contributed by the employer to the plan for this plan] -	12¢			
ø	Subtract the amount in line 12c from the amount in line 12b. Enter the	•	sign to the left of a		` -	12d			
	negative amount)				· L		172	F	<u> </u>
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		4			Yes	No	∐N#A
Part								X Yes	T No.
13 8	Has a resolution to terminate the plan been adopted during the plan y if "Yes," enter the amount of any plan assets that reverted to the emp	*		• •	· (-	18a	· · · · ·	<u>. [A]</u> , 445	<u></u>
	Ware all the plan assets distributed to participants or beneficiaries, tra			or the e					
v	of the PBGC?	-	an, or prought und	erene c	OE HOLDI			. <u> </u>	X No
C	If during this plan year, any assets or liabilities were transferred from the thick provides on Kabilities were transferred. (Can be transferred.)	this plan to another pl	an(e), identify the p	ian(e) to	5				
	which assets or liabilities were transferred. (See instructions.)			$\overline{}$				1	
	sc(1) Name of plan(s):		<u> </u>	╂	7,34	(2) E	IN(S)	13:(3)	PPH(E)
				1					
		, , , , , , , , , , , , , , , , , , ,				·n• · ·			
	n: A penalty for the tate or incomplete filing of this return/report v								
Under paralities of perjury and other penalities 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.	belief, it is true, correct, and complete.								
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HER	Signature of plan admissistrator	Date	Enter name of in	dividuet	signin	g 29 (dan edmini	ekretor	
31/34	'								
HER	Signature of employer/plan sponcor	Date	Enter name of in	dividua/	elgmin	g as c	employer or	plan spons	07