	Form 5500-SF			Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2010			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).				This Form is Open to Public			
P	Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. 								
	Part I Annual Report Identification Information								
	calendar plan year 2010 or fisca	al plan year beginning 09/01/2010			8/31/2				
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan			
Β	This return/report is for:	first return/report	final retur	•					
-		an amended return/report	•	year return/report (less than 12 mor	nths)				
С	C Check box if filing under:								
D	ut II Desis Disu Inform	special extension (enter descriptio	,						
	Art II Basic Plan Inform Name of plan	nation—enter all requested information	ation		1h	Three-digit			
	-	N LLC 401K PROFIT SHARING				plan number 001			
						(PN) •			
					1c	Effective date of plan 09/01/2006			
	Plan sponsor's name and addre FETT & SONS CONSTRUCTIO	ess (employer, if for single-employer N LLC	plan)		2b	Employer Identification Number (EIN) 54-2117029			
	YAKIMA VALLEY HIGHWAY				2c	Plan sponsor's telephone number 509-877-4105			
ZILL	AH, WA 98953				2d	Business code (see instructions) 237100			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's name and address (if same as Plan sponsor, enter "Same") MUFFETT & SONS CONSTRUCTION LLC 7560 YAKIMA VALLEY HIGHWAY 54-21									
ZILLAH, WA 98953 3c Administrator's tel 509-877-4									
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN									
name, EIN, and the plan number from the last return/report. Sponsor's					4c	PN			
5a Total number of participants at the beginning of the plan year					5a	7			
b Total number of participants at the end of the plan year					5b	2			
C Total number of participants with account balances as of the end of the plan year (defined benefit pla complete this item)					5c	2			
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b				dent qualified public accountant (IQF					
		0,1		ons.) SF and must instead use Form 550		Yes No			
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	53939		25563			
b	Total plan liabilities		7b	52					
C	Net plan assets (subtract line 7	b from line 7a)	7c	53887		25563			
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or recei	vable from:	8a(1)						
			8a(2)						
			8a(3)						
b	., ,			5168					
С		8a(2), 8a(3), and 8b)				5168			
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	31771					
е	, ,	ive distributions (see instructions)	8e						
f		s (salaries, fees, commissions)	8f	1721					
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			33492			
i	Net income (loss) (subtract line	8h from line 8c)	8i			-28324			
j	Transfers to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2J 2K 2R 3D 2A 2E 2G
- **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	During the plan year:		Yes	No	А	mount		
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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c		Х				
d								
е	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				
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 CFR 2520.101-3.)	10h						
i	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						
Part	VI Pension Funding Compliance							
11								
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. 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). e 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 during the plan year or any prior year? 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control								
of the PBGC?								
1	13c(1) Name of plan(s):				N(s)	13c(3)	PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is (establi	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.	06/13/2012	PENSION FILERS
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

Page 2-

Unified manual based on the form is required to be filed under sections 104 and 4055 of the Engipsed Part 6045 of		Form 5500-SF		eturn/R Benefit	eport of Small Employ Plan	ee	OMB Nos. 1210-0110 1210-0089			
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c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term invested in eligible assets? (See instructions.) 5c 0 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No ff you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets										
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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)	62					50				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Image: Conditions.)		•	• • •	•	,	•••				
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Form 5500-SF 2011

Part IV Plan Characteristics

9a 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

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

Fail VI CUIIDIIAIICE QUESLIUIIS	Part V	Complianc	e Questions
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10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in		x	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	a		
D		ь	x	
			x	
c d		<u> </u>	<u> ^</u>	
u	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d	x	
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	e	x	
f	Has the plan failed to provide any benefit when due under the plan?	f	x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	a	x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		x	
i 	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	i		
Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete So 5500))			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of ERIS	6A? Yes X No
a If v	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver			
b	Enter the minimum required contribution for this plan year	. [12b	
c	Enter the amount contributed by the employer to the plan for this plan year	F	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)	ľ	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?			X Yes No
	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 th of the PBGC?			
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.)			
1	3c(1) Name of plan(s):	1	3 c(2) E	EIN(s) 13c(3) PN(s)
<u> </u>				
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause	s esta	olishee	1.

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	Kinimallet			Kerin Muffett
HERE	Signature of plan administrator	Date	6-7-12	Enter name of individual signing as plan administrator
SIGN	Ku materia			Kein mittett
HERE	Signature of employed plan sponsor	Date	6-7-12	Enter name of individual signing as employer or plan sponsor

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