## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	rension Benefit Guaranty Corporation  Complete all entries in accord	dance witl	n the instructions to the Form 5500	)-SF.	Inspection
Pa	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 09/01/2011	1	and ending 1	0/10/20	011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:  the first return/report	the final re	eturn/report	_	_
		a short pla	in year return/report (less than 12 mo	onths)	
_	Check box if filing under: X Form 5558		extension	Γ	DFVC program
C	special extension (enter description		Octorision	L	_ Bi vo piogram
D	<u> </u>	,			
	art II   Basic Plan Information—enter all requested information	ation		1h -	There a direit
	Name of plan FETT & SONS CONSTRUCTION LLC 401K PROFIT SHARING PLA	N			Three-digit olan number
					(PN) ▶ 001
				1c	Effective date of plan
					09/01/2006
	Plan sponsor's name and address; include room or suite number (er FETT & SONS CONSTRUCTION LLC	mployer, if	for a single-employer plan)		Employer Identification Number
IVIOI	TETT & SONS CONSTRUCTION ELC				EIN) 54-2117029
				2c S	Sponsor's telephone number 509-877-4105
	YAKIMA VALLEY HIGHWAY AH, WA 98953			2d [	Business code (see instructions)
ZILL	11, WA 50500			Zu	237100
3a	Plan administrator's name and address (if same as plan sponsor, en	nter "Same	;")	3b /	Administrator's EIN
	FETT & SONS CONSTRUCTION LLC 7560 YAKIMA	VALLEY			54-2117029
	ZILLAH, WA 9	98953		3c /	Administrator's telephone number 509-877-4105
4	If the name and/or EIN of the plan apparent has abanded since the Ir	act return/	roport filed for this plan, enter the	4b	
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	asi returri	report filed for this plan, enter the	40	EIIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	
b	Total number of participants at the end of the plan year			5b	
С	Number of participants with account balances as of the end of the p	lan year (d	defined benefit plans do not	_	
	complete this item)			5c	
-	Were all of the plan's assets during the plan year invested in eligible		,		X Yes   No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		·		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	25563		0
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	25563		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	- (n)			
	(1) Employers	8a(1)			
	(2) Participants	8a(2)		_	
	(3) Others (including rollovers)	8a(3)	4004	_	
b	Other income (loss)	8b	-1624		1604
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-1624
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23939		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			23939
i	Net income (loss) (subtract line 8h from line 8c)	8i			-25563
j	Transfers to (from) the plan (see instructions)	8i			
-	·	ر~			

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Dart IV	Dlan	Charac	teristics
Part IV	Plan	L.narac	Teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2G 2J 2K 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		Yes	No		Λ	nount	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in		163			AI	nount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V				
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		Χ				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug						
2520.101-3.)	10h		X				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor							
is this a defined benefit plan subject to minimum funding requirements? (If Tes, See instructions and cor	nplete :	Sched	ule SB	(Form		_	
5500))				,		Yes	
5500))	······			······		Yes	+
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······		_	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	 302 of I	ERISA	 ?	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instru	e or se	ction 3	302 of I	ERISA'	? ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver.	e or se	ction 3	302 of I	ERISA'	? ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se uctions, nth	and e	302 of I	ERISA'	? ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.	e or se uctions, nth	ction 3	nter th	ERISA'	? ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver	e or se  uctions,  nth  t of a	ction 3	nter th	ERISA'	? ? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver.  Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se uctions, nth	and e	12b 12c	ERISA <sup>4</sup>	of the Ye	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver	e or se uctions, nth	and e	12b 12c	ERISA'	of the Ye	Yes	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver	e or se	ction 3	12b 12c 12d	e date	of the Ye	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	e or se  uctions,  nth  t of a	and e	12b 12c 12d	e date	of the Ye	Yes letter ruear	Iling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver.  Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se  uctions,  nth  t of a  under	and e	12b 12c 12d 	e date	of the Ye	Yes	Illing
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver	e or se  uctions,  nth  t of a  under	and e	12b 12c 12d 	ERISA e date	of the Ye	Yes letter ruear No X Yes	Iling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 year, see instrugranting the waiver.  Moyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	e or se  uctions,  nth  t of a  under	and e	12b 12c 12d	ERISA e date	of the Ye	Yes letter ruear No X Yes	Iling N/

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

## 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 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

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information					
For	the calendar plan year 2011 or fiscal plan year beginning	09/01	/2011	and ending	10,	/10/2011
Α	This return/report is for: x a single-employer plan	a multiple-	employer plan	(not multiemployer)	Γ	a one-participant plan
	This return/report is:  the first return/report  x	the final re	turn/report		_	
_		1	•	eport (less than 12 mon	tha\	
_		1	•	eport (less than 12 mon	ແາຣ <i>)</i> ⊏	1 55.40
C	Check box if filing under: X Form 5558	automatic	extension			DFVC program
	special extension (enter description	)				
	art II Basic Plan Information enter all requested information	rmation.				
1a	Name of plan					hree-digit olan number
	MUFFETT & SONS CONSTRUCTION LLC 401K PROFIT SH	ARING PL	AN			PN) ► 001
						Effective date of plan
						09/01/2006
∠a	Plan sponsor's name and address; include room or suite number (emp MUFFETT & SONS CONSTRUCTION LLC	ployer, if for	single-employe	er plan)		Employer Identification Number
						EIN) 54-2117029
						Plan sponsor's telephone number (509) 877-4105
	7560 YAKIMA VALLEY HIGHWAY					Business code (see instructions)
TTC	ZILLAH WA 98953					237100
	Plan administrator's name and address (If same as plan sponsor, enter	er "Same")			3b A	Administrator's EIN
	SAME	ŕ				
					3c A	Administrator's telephone number
4	If the name and/or FIN of the plan approar has abanged since the last	t roturn/rono	t filed for this r	lan anter the	4b ∈	TINI .
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.	return/repo	it illed for this p	nan, enter the		
_	Sponsor's Name				4c F	PN
	Total number of participants at the beginning of the plan year				<u>5a</u>	2
b	Total number of participants at the end of the plan year				<u>5b</u>	0
C	complete this item)	• •	•		5c	0
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (See	instructions.)			XYes No
b	Are you claiming a waiver of the annual examination and report of an i	•		c accountant (IQPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				• •	XYes No
Dr	If you answered "No" to either 6a or 6b, the plan cannot use Form	1 5500-5F a	na must mste	ad use Form 5500.		
<u>г</u> 7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year
' a	Total plan assets	72	(4) 5	25,563	+	
a b	Total plan liabilities	7b		23,303		0
C	Net plan assets (subtract line 7b from line 7a)	. 7c		25,563		0
<del>ŏ</del>	Income, Expenses, and Transfers for this Plan Year	1		a) Amount	1	(b) Total
а	Contributions received or receivable from:			-		
	(1) Employers	. 8a(1)			_	
	(2) Participants	. 8a(2)			_	
	(3) Others (including rollovers)	. 8a(3)			_	
b	Other income (loss)	. 8b		(1,624)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	• 8c				(1,624)
d	to provide benefits)	. 8d		23,939		
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e				
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	. 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				23,939
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				(25,563)
i	Transfers to (from) the plan (see instructions)	. 8j				

	Form 5500-SF 2011	F	age <b>2-</b>						
Pai	t IV Plan Characteristics	·							
9a	If the plan provides pension benefits, enter the applicable pension feature  2A 2E 2G 2J 2K 2R 3D  If the plan provides welfare benefits, enter the applicable welfare feature								
	in the plan provides wehate benefits, enter the applicable wehate reactive	codes nom the List t	or Flati Cilaracteris			uie iris	iructions.		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Aı	nount	
a b	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D	Correction Program)		10a		х			
	on line 10a.)		•	10b		х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	•	lity bond, that was cau	sed by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the instructions.)	he benefits under the	plan? (See	10e		x			
f	Has 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.)		10a		х	***		
h		instructions and 29 C	FR			х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
	t VI Pension Funding Compliance								
11 —	Is this a defined benefit plan subject to minimum funding requirements 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requ (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		12 of the Code or s	ection	302 o	f ERIS	A?	Yes	X No
a	granting the waiver		Mor						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	12b			
b	• • • • • • • • • • • • • • • • • • • •		• • • • •	• •	.  -	12c			
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•	sign to the left of a			12d			
е	Will the minimum funding amount reported on line 12d be met by the fo	unding deadline? .					Yes [	□No [	N/A
ar	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?				· <u>·</u>			XYes	□No
	If "Yes," enter the amount of any plan assets that reverted to the employer	oyer this year				13a			0
_	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?					•••		XYes	□No
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis pian to another pia	in(s), identify the pi	an(s) t	o 				
	13c(1) Name of plan(s):			<del> </del>	13	c(2) E	N(s)	13c(3)	PN(s)
				<u> </u>					
auti	on: A penalty for the late or incomplete filing of this return/report w	vill be assessed unle	ss reasonable cau	use is	estab	lished			
B or	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t , it is true, correct, and complete.					•	•		
	1// 1/20 // //		Keinm	1	C 4				
SIG		Date 6-2-12	Enter name of ind	-		na as r	lan administr	ator	
	1/ 1/ 1/		Kenn	n .	FS.	H	aanimisu		
SIG	1 9000	Date 6-7-12	Enter name of ind	dividual	siani	ng as e	mplover or n	an snonso	
	1 - 3	1	or manne or me			.9 45 6	p.0,0,0,0	an oponio	