Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2009

This Form is Open to Public Inspection

P	art I	Annual Report I	dentification Inform	ation						
For	calend	lar plan year 2009 or fis	cal plan year beginning	01/01/200)9	and ending	12/31/2	2009		
Α	This ret	turn/report is for:	X single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
		turn/report is for:	first return/report		final retur	n/report				
_		,	an amended return/rep	oort	short plar	n year return/report (less than 12 m	nonths)			
_	Chook	box if filing under:	Form 5558	<u> </u>	<u> </u>	extension	,	DFVC program		
C	CHECK	box ii iiiing under.	special extension (ente	L or descripti	1	CALCITISION		_ Di vo piogram		
	4 11	Dania Dian Infan	<u> </u>		,					
	art II		rmation—enter all reque	sted inform	nation		1h	Three-digit		
		of plan	K) PROFIT SHARING PLA	N			ID	plan number		
COIN	וואט ווי	1000 TRIES, INC., 40 II	K) I KOI II SIIAKINO I LA	NI N				(PN) • 002		
							1c	Effective date of plan		
								01/01/1990		
			dress (employer, if for single	e-employe	r plan)		2b	Employer Identification Number		
CON	RAD IN	NDUSTRIES, INC.					20	(EIN) 91-0677449 Plan sponsor's telephone number		
121 I	MELHA	ART ROAD					20	360-748-6936		
		, WA 98532					2d	Business code (see instructions)		
								484120		
		administrator's name and NDUSTRIES, INC.	d address (if same as Plan	sponsor, 6 21 MELHA		e")	3b	Administrator's EIN 91-0677449		
0011	10.00 11	1000111120, 1110.			WA 98532		3c	Administrator's telephone number		
								360-748-6936		
						port filed for this plan, enter the	4b	EIN		
	name, I	EIN, and the plan numb	per from the last return/repo	ort. Spons	or's name		40	PN		
5a	5a Total number of participants at the beginning of the plan year						_	0		
b	• =									
C Total number of participants with account balances as of the end of the plan year (defined benef						30				
							5c	0		
6a	Were	all of the plan's assets	during the plan year invest	ted in eligik	ole assets?	(See instructions.)		X Yes No		
b						ndent qualified public accountant (I		V vaa 🗆 Na		
			•			ions.)SF and must instead use Form !		X Yes No		
Pa	rt III	Financial Inform		illot use i	01111 3300-	or and must instead use roini.	5500.			
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
·					7a	(a) Beginning of Year	96	86549		
		plan liabilities			7b		0			
С	Net pl	lan assets (subtract line	7b from line 7a)			676	96	86549		
8	-	ne, Expenses, and Trans	,			(a) Amount		(b) Total		
а		ibutions received or rec				(a) runoani		(2) 10121		
	(1) E	mployers			8a(1)					
	(2) P	articipants			8a(2)					
	(3) 0	thers (including rollover	·s)		8a(3)					
b	Other	income (loss)			8b	188	53			
С	Total i	income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)		8c			18853		
d			t rollovers and insurance p		8d					
е	•	,	ctive distributions (see inst							
f			ers (salaries, fees, commis	,						
g		·		,						
h		•	, 8e, 8f, and 8g)					0		
i			ne 8h from line 8c)					18853		
i		, , ,	see instructions)							

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Part IV	Plan	Charac	teristics

9a 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 2G 3D 3H

D	II IIIE	s plant provides wehate benefits, enter the applicable wehate heature codes from the cist of Flant Chara	iciens	iic Coi	JES III	uie ilisuu	CHOITS	•	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Amo	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					467
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.)	10g	X					32094
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
İ		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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					. <u> </u>	Yes	X No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?.		Yes	X No
	•	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								
_		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	40h	1			
		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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		L	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	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	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne 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 assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1		-		
1	3c(1)	Name of plan(s):		13c(2) EIN(s)				13c(3) PN(s)
`au#	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	اه دء،	iso is	ostahl	lished			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to the instructions.					cable	a Sch	edule
SB o	· Sch	edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/01/2010	MARC CONRAD					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/01/2010	MARC CONRAD					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Treasury Intomal Revenue Service

Department of Lebor Employee Benefile 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

2009

This Form is Open to Public Inspection.

	Pension Benefit Gueranty Corporation			the instructi	ione to the Form 550/	see	inspection.				
_		► Complete all entries in action in light in li		the instructi	ons to the Form 5500)-5F.	•				
	<u>Part™ Annual Report</u> r the calendar plan year 2009			/2009	and ending	12	/31/2009				
_					•						
Α	This return/report is for:	x single-employer plan	☐ multiple-em	ibioàet bieu (u	ot multiemplöyer)	L	one-participent plan				
В	This return/report is for:	first return/report	final return/	report							
		an amended return/report	short plan y	ear return/rep	ort (less than 12 months	3)					
C	Check box if filing under:	X Form 5558	automatic e	xtension		Г	DFVC program				
_	CHECK DOX II IIIII G GIIGGI.	special extension (enter descript				_] · - F · - 3 · - · · ·				
		ormation enter all requested in	iformation.								
1a	Name of plan						Three-digit Dian number				
	Conrad Industries, Inc., 401k) Profit Sharing Plan						PN) ► 002				
						1c E	Effective date of plan				
							1/01/1990				
2a	Plen sponsor's name and add	lress (employer, if for single-employer	plan)				mployer Identification Number				
	Conrad Industries,	Inc.			ŀ		E(N) 91-0677449				
	121 Melhart Road						Plan sponsor's telephone number (360) 748–6936				
					-		Business code (see Instructions)				
_	Chehalis	WA 90532					184120				
3а		d address (If same as plan employer,	enter "Same")			3b A	Administrator's EIN				
	Same										
						3c #	Administrator's telephone number				
4	If the same and/or FIN of the	plan sponsor has changed since the	last return/renor	t filed for this r	olan, enter the	4b ein					
•		per from the last return. Sponsor's Na		Culca las ana h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
						4c F	··· · · · · · · · · · · · · · · · · ·				
5a		it the beginning of the plan year			ľ	5a 0					
b		t the end of the plan year				<u>5b</u>					
C		with account balances as of the end of				5c					
<u>6a</u>		during the plan year invested in eligible					X Yes No				
b		he annual examination and report of a			accountant (IQPA)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to eith	her 6a or 6b, the plan cannot use F	orm 5500-SF a	nd must inste	aad use Form 5500.						
	art III Financial Infor	mation									
7	Plan Assets and Liabilities		123868886671	(a) Bo	eginning of Year		(b) End of Year				
a	Total plan assets , , , .		7a		67,696		86,549				
ь	Total plan liabilities		7b		0		<u>. </u>				
C	Net plan assets (subtract line	7b from line 7a) ,	7c		67,696		86,549				
<u>-</u>	Income, Expenses, and Trans	•	100 May 100 100 M		(a) Amount		(b) Total				
a	Contributions received or rece		71 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>'</u>	,	\$450 p5100	rifrigorijas augus irrodentalistades Aribo Project				
ч			8a(1)								
			8a(2)			4888888					
	(3) Others (including rollover)		8a(3)								
Ь	,		Вь		18,853						
c	Total income(add lines 8a(1),		. Bc		200 SE 500 DE 4 SE 5 SE 7 SE 5	3	10,053				
ď		rollovers and insurance premiums	·	**************************************	commontation hitchid- on highlid	3 77	. 2000 lang connected by the City of Section of the Section of				
	to provide benefits)		Bd			4,04/30					
e	Certain deemed and/or correct	ctive distributions (see Instructions)	ве								
f		ars (salaries, fees, commissions)	Bf								
g	Other expenses		8g								
	•	Eo Bf and Ba)		inganing partition			0				
n i	,			<u>Portusa.</u>			18,953				
!		e 8h from line 8d)		amen'n' (- Aleitheil)	, promoto production of the contraction of the cont		krácki skiednicts kiskádálikadálátadálátatán kittáda				
	 Trensfers to (from) the plan (s 	see instructions)] 8]			1333333	***************************************				

	Form 5500-SF (2009)	P	ıge 2-		_				
Par	Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension feature codes fro 2E 2F 2J 2G 3D 3H f the plan provides welfare benefits, enter the applicable welfare feature codes from								
	r the plan provides wellare bariellas, enter the applicable wellare retails codes not	TITLE CIACO	Tiali Olialacioneti		00 111 1	110 11100	idelionia.		
Par	Compliance Questions								
10	During the plan year.				Yes	No		mount	
a b	Was there a fallure to transmit to the plan any participant contribution within the t 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Were there any nonexempt transactions with any party-in-interest? (Do not include	n Program) de transactio	ons reported	10a		x			
	on line 10a.)			10b					
c	Was the plan covered by a fidelity bond?			10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the or dishonesty?	at was caus	ed by traud	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or other persons by a insurance services or other organization that provides some or all of the benefits instructions.)	under the p	an? (See	10e	x				467
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 year end.)			10g	ж				32,094
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	s and 29 C	FR 	10h		x			
i	If 10h was enswered "Yes," check the box if you either provided the required not exceptions to providing the notice applied under 29 CFR 2520.101-3	ce or one o	the	101					
Pär	VI Pension Funding Compliance	_	_						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes. 5500))		tions and complete	Sche	edule :	SB (Fo	rm	Yes	x No
12	Is this a defined contribution plan subject to the minimum funding requirements of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	of section 4°	2 of the Code or s	ection	302 c	f ERIS	A7 .	Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver		Мол	s, and ith	enter	the de Day	te of the lett	er ruling Year	
_	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5				Г	12b			
þ	Enter the minimum required contribution for this plan year					12c			
d	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 (en negative amount)	ter a minus	sign to the left of a		<u> </u>	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding dea	dine? .					Yes	□No	□N/A
Pari	VIII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any p				نے د			Yes	X No
	If "Yea," enter the amount of any plen essets that reverted to the employer this ye	ear		-	· ·	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to					• •		. TYes	X No
	which assets or liabilities were transferred. (See instructions.)			1					
	13c(1) Name of plan(s):			 	13	(2) E	IN(s)	13c(3)	PN(s)
	<u> </u>								
Caut	on: A penalty for the late or incom plete filling of this return/report will be as	sessed un	ess reasonab <u>le c</u>	ause	is est	ablish	ed.		
Unde SB o	r penelties of perjury and other penalties set forth in the instructions, I declare that Schedule MB dampleted and signed by an enrolled actuary, as well as the electro , it is true, correct, and opmplete	i have exam	lned this return/rep	ort. in	ıcludin	g, if ap	plicable, a S	Schedule ge and	
oos Sic		0/15	MARÇ ÇONRAD						
	RE Signature of plan administrator Date	7	Enter name of inc	lividua	ı signi	ng as r	olan adminis	trator	
22030	9/2	110	MARC CONRAD		3.201	[
SIC HE			Enter name of inc	lividus	ıl signi	ng as e	employer or	plan spons	or