## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

Short Form Annual Return/Report of Small Employee

**Benefit Plan** 

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	art I	Annual Report I	dentification Informa	ition							
For	calend	ar plan year 2009 or fis	cal plan year beginning	10/01/200	9	and ending 0	9/30/2	2010			
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This ret	turn/report is for:	first return/report	X	final retur	n/report	_				
		•	an amended return/repo	ort	short plar	year return/report (less than 12 mo	nths)				
С	Check I	box if filing under:	Form 5558		,	extension		DFVC program			
	Onook i	box ii iiiiig ariaor.	special extension (enter	descriptic	ı						
P	art II	Basic Plan Info	rmation—enter all reques	•	,						
		of plan	mation—enter an reques	tea iriioiri	lation		1b	Three-digit			
			PROFIT SHARING PLAN					plan number			
								(PN) • 001			
							1C	Effective date of plan 11/01/2007			
2a	Plan s	ponsor's name and add	dress (employer, if for single	-employer	· plan)		2b	Employer Identification Number			
		LECTRIC, INC.	31		,			(EIN) 20-8400948			
							2c	Plan sponsor's telephone number			
		I STREET EAST SUITE VA 98445	H				24	253-537-0351 Business code (see instructions)			
								238210			
			d address (if same as Plans				3b	Administrator's EIN			
BEA	CON EI	LECTRIC, INC.		28 1121H COMA, W		EAST SUITE H	30	20-8400948 Administrator's telephone number			
							30	253-537-0351			
						port filed for this plan, enter the	4b	EIN			
	name, I	EIN, and the plan numb	per from the last return/repor	t. Sponso	or's name		4c	PN			
5a	Totalı	number of participants	at the beginning of the plan	vear			5a	13			
b							5b	0			
С	Total ı	number of participants	with account balances as of	the end o	f the plan year (defined benefit plans do not						
	compl	lete this item)					5c	0			
6a		•	• , ,	J		(See instructions.)		X Yes   No			
b						ndent qualified public accountant (IQions.)		X Yes ☐ No			
			•			SF and must instead use Form 55					
Pa	rt III	Financial Inform	nation		•						
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
а	Total <sub>l</sub>	plan assets			. 7a	58474	4	0			
b	Total <sub>I</sub>	plan liabilities			. 7b	(	)				
С	Net pl	an assets (subtract line	7b from line 7a)		. 7c	58474	4	0			
8		ne, Expenses, and Tran				(a) Amount		(b) Total			
а		ibutions received or rec	eivable from:		. 8a(1)						
	1.1				8a(2)	2050	5				
	` ,	·	·s)								
b	. ,	, •			` '	1856 <sup>2</sup>	1				
С	Total i	income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)		8c			20611			
d			t rollovers and insurance pre								
_					. 8d	7908					
e			ctive distributions (see instru	,	. <u>8e</u>		)				
t ~		·	ers (salaries, fees, commiss	,			2				
g		•	0 - 0( 1 0 -)				)	70005			
h :			, 8e, 8f, and 8g)					79085			
 		` , `	ne 8h from line 8c)					-58474			
	rransi	ieis to (iioiii) the pian (	see instructions)		· 8j	i (	)				

Dart IV	Dlan	Characte	.::
Part IV	Pian	Characte	ISTICS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	nount	
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				
C	Was the plan covered by a fidelity bond?	10c	Χ					25000
d	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				
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					104
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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction 3	302 of E	ERISA?		Yes	X No
	(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 instruct granting the waiver							
	vou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	Enter the minimum required contribution for this plan year							
	Enter the amount contributed by the employer to the plan for this plan year		-	12c				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)		L	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		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?						X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	13c(1) Name of plan(s):						<b>13c(3)</b> PN(s)	
aut	ا ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.	L		
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.	rn/rep	ort, in	cluding	, if applic			

SIGN	Filed with authorized/valid electronic signature.	10/07/2010	JENNIFER WILLIAMS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/07/2010	JENNIFER WILLIAMS				
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 6058(a) of the Internal Revenue Code (the Code).

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.

	artii Annuai Report	identification information							
For	the calendar plan year 2009	or fiscal plan year beginning	2009	-10-01 and ending	20	10-09-30			
Α	This retum/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant pla	an		
В	This return/report is for:	first return/report	x final return	n/report		_			
		an amended return/report	short plan	year return/report (less than 12 months	3)				
C i	Check box if filing under:	Form 5558	片 .	extension	Γ	DFVC program			
	onesk box ir illing under.	special extension (enter descripti	Ц		L	7 b 3 · · · · ·			
	Paris Disa Info		<del> ´</del>						
$\overline{}$	art II Basic Plan Info Name of plan	ormation enter all requested in	tormation.		1h :	Three-digit			
•ч	•					olan number			
	BEACON ELECTRIC, INC	C. 401(K) PROFIT SHARING	PLAN	<u> </u>	_	(PN) ▶ 00			
						Effective date of plan 2007-11-01			
2a	Plan sponsor's name and add	dress (employer, if for single-employer	r plan)			Employer Identification	on Number		
	BEACON ELECTRIC, INC		, ,	_	(	EIN) 20-840094	18		
	1828 112TH STREET E	ACM CIITME U			2c Plan sponsor's telephone number				
	1020 IIZIN SIRBBI BA	adi bolib ii		<u> </u>	(253) 537-0351  2d Business code (see instructions)				
	TACOMA	WA 98445				238210			
за	Plan administrator's name and Same	d address (If same as plan employer,	enter "Same"	)	3b /	Administrator's EIN			
	June				I				
					3c Administrator's telephone number				
4		plan sponsor has changed since the l		ort filed for this plan, enter the	4b EIN				
	name, Elivi and the plan numi	ber from the last return. Sponsor's Nar	ne		4c F	PN			
<u>5a</u>	Total number of participants a	at the beginning of the plan year	п о о о	9 0 0 0 0 0 0 0 0 0 0 0 0 .	5a	1	13		
þ	Total number of participants a	at the end of the plan year			5b		0		
С		with account balances as of the end of			5c				
6a		during the plan year invested in eligible		<u>,                                      </u>			0 ]Yes ☐No		
b		the annual examination and report of a			, ,		1.00 [_],		
		(See instructions on waiver eligibility a		,		<b>X</b>	]Yes ∏No		
	· · · · · · · · · · · · · · · · · · ·	ner 6a or 6b, the plan cannot use Fo	rm 5500-SF a	and must instead use Form 5500.					
	rt III Financial Infor	mation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Ye	ear		
a	Total plan assets	. н о н о о о о и п п о	. 7a	58,474			0		
b			7b	0			<del> </del>		
<u>c</u>	Net plan assets (subtract line	7b from line 7a)	. 7c	58,474			0		
8	Income, Expenses, and Trans			(a) Amount	100203402364	(b) Total			
а	Contributions received or received (1) Employers	eivable from:	. 8a(1)		THE RESERVE				
	(2) Participants		8a(2)	2,050					
	(3) Others (including rollovers		8a(3)	0					
b	ON		. 8b	18,561					
С	Total income(add lines 8a(1),	8a(2) 8a(3), and 8b)					20,611		
d	Benefits paid (including direct	rollovers and insurance premiums		A STATE OF THE STA					
	to provide benefits)		8d	79,085					
е	Certain deemed and/or correct	ctive distributions (see instructions)	. 8e	0					
f	*	ers (salaries, fees, commissions)	. 8f	0					
g	Other expenses	9 1 9 1 9 1 1 1 1 1 1 9 9 9 9	- 8g	0					
h	Total expenses (add lines 8d	8e 8f and 8g)	. 8h				79,085		
ì	Net income (loss) (subject line	e 8h from line 8c)	- 8i	samene kemina engalah salam kana keman	V-10-00 A-00-00-00		(58,474)		
i	Transfers to (from) the plan (s	ee instructions)	. 8i	a			energy strategy (special)		

	Form 5500-SF (2009)		Page <b>2-</b>					
Parl	IV Plan Characteristics							
	f the plan provides pension benefits, enter the applicable pension f 2J 3E 2F f the plan provides welfare benefits, enter the applicable welfare fe							
Par	V Compliance Questions							
10	During the plan year:			Yes	No	Aı	mount	
a b	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a)	ciary Correction Program t? (Do not include transa	n) 10 actions reported		x			
С	Was the plan covered by a fidelity bond?		40					25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was o	caused by fraud		х			
е	Were any fees or commisions paid to any brokers agents, or oth insurance services or other organization that provides some or al instructions)	I of the benefits under th	e plan? (See	×				104
f	Has the plan failed to provide any benefit when due under the plan	ing a la l		•	х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end)。	10	9	х			
h	If this is an individual account plan, was there a blackout period? 2520 101-3.)		10	1	х	agus estagen Considera		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10							
	VI Pension Funding Compliance						·	
11	Is this a defined benefit plan subject to minimum funding requiren 5500))		•				Yes	<b>X</b> No
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appli If a waiver of the minimum funding standard for a prior year is bei granting the waiver	cable.) ng amortized in this plai	n year, see instructions,	and ent	er the	date of the le		- <del></del>
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule				υα	·	<u> </u>	
b	Enter the minimum required contribution for this plan year	ay ay ay ay ay a	0 0 1 0 1 0 0 0	, [	12b			
c d	Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b Enter	r the result (enter a min	us sign to the left of a	, _	12c			
_	negative amount)  Will the minimum funding amount reported on line 12d be met by			" L		IYes	П№ Г	□N/A
Part	AVAILABLE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T			, ,	• •		<u> </u>	
3.41.004446488	Has a resolution to terminate the plan been adopted during the pl		r?				<b>X</b> Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the				13a			<u></u>
b c	Were all the plan assets distributed to participants or beneficiaries of the PBGC?  If during this plan year any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.)	1 1 0 1 0 1 0 1 0 II			rol		X Yes	No
1	3c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3) P	N(s)
Under SB or	n: A penalty for the late or incomplete filing of this return/reported penalties of perjury and other penalties set forth in the instructions. Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	, I declare that I have ex	amined this return/repor	t, includ	ling, if	applicable, a		
SIGI	Cannipullionams	9-10-10	Jennife	~ h	Jill	iams		
HER		Date	Enter name of individu		+ "		rator	
SIGI		9-10-10	JASON L	7	IAN	-		
HER		Date	Enter name of individu	ıal signi	ng as	employer or p	lan sponsc	)r
	$\overline{l}$							