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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	 Complete all entries in acco 	rdance wit	h the instructions to the Form 550	0-SF.				
		ntification Information							
For	calendar plan year 2009 or fiscal p	lan year beginning 11/01/20	09	and ending 1	0/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	irst return/report	final retur	n/report		<u> </u>			
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C Check box if filling under:				tic extension DFVC program					
		special extension (enter descript	ion)			_			
Pa	rt II Basic Plan Informa	tion—enter all requested inforr	nation						
	Name of plan				1b	Three-digit			
	STRIAL ELECTRIC SERVICE CO	., INC. PROFIT SHARING RETI	REMENT P	PLAN		plan number	002		
						(PN) ▶			
					1c	Effective date of 11/01/1	•		
22	Plan sponsor's name and address	(omployer if for single omploye	r plop)		2h	Employer Identif			
	STRIAL ELECTRIC SERVICE CO	,	i pian)		20	(EIN) 91-066			
					2c Plan sponsor's telephone numb				
	BOX 107 RDEEN, WA 98520				0.1	360-530			
ADLI	MDEEN, WA 90320				2a	Business code (423600	see instructions)		
3a	Plan administrator's name and add	dress (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's I			
	STRIAL ELECTRIC SERVICE CO	, INC P.O. BOX 1	07			91-066	1410		
		ABERDEEN	N, VVA 9002		3с		elephone number		
4 1	the name and/or EIN of the plan s	sponsor has changed since the la	ast return/re	port filed for this plan, enter the	360-533-2792 4b EIN				
	name, EIN, and the plan number from			pertined for the plant, error the					
					4c	PN			
					5a		9		
b	· ·	, ,			5b		0		
С	Total number of participants with a complete this item)			rear (defined benefit plans do not	5c		0		
6a	,			(See instructions.)			X Yes No		
	Are you claiming a waiver of the a	annual examination and report of	f an indeper	ndent qualified public accountant (IQI	PA)				
	•	• •		ions.)			X Yes No		
Do	rt III Financial Information		orm 5500-	SF and must instead use Form 55	00.				
		OII							
7	Plan Assets and Liabilities		_	(a) Beginning of Year	_	(b) End			
	Total plan assets		7a	297864	1		0		
b	Total plan liabilities			20726	_		0		
<u>C</u>	Net plan assets (subtract line 7b f		7с	297864	1	42.7	0		
8 a	Income, Expenses, and Transfers Contributions received or receivable			(a) Amount		(b) T	otai		
a			8a(1)						
	(2) Participants		8a(2)						
	(3) Others (including rollovers)		8a(3)						
b	Other income (loss)		8b	51907	7				
С	Total income (add lines 8a(1), 8a((2), 8a(3), and 8b)	8c				51907		
d	Benefits paid (including direct rollo to provide benefits)		8d	345762	2				
е	Certain deemed and/or corrective	distributions (see instructions)	8e						
f	Administrative service providers (s	salaries, fees, commissions)	8f	3535	5				
g	Other expenses		8g	474					
h	Total expenses (add lines 8d, 8e,	8f, and 8g)					349771		
i	Net income (loss) (subtract line 8h	n from line 8c)	8i				-297864		
j	Transfers to (from) the plan (see in	nstructions)	8i						

Part IV	Plan	Characteristics	c
railiv	FIAII	CHALACLEH SUC:	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

D .	11 1110	plan provides wellare benefits, effer the applicable wellare feat	ure codes from the	List Of Flatt Criara	Cleris	110 000	163 III I	ine monuc	Aloris.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 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	Was the plan covered by a fidelity bond?									50000
d							Χ			
							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	f year end.)		10g		X			
_	If th	is is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h		X			
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirement:	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Ye	s X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s 🔀 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear	
		er the minimum required contribution for this plan year		_			12b			
		r the amount contributed by the employer to the plan for this plan				1	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		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 during the plan y	ear or any prior yea	ır?					X Ye	s No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a		1	0
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		X Ye	s No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to				
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	se is	establ	ished.	1	
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic		
SIGN	Filed with authorized/valid electronic signature. 04/07/2011 SHARON POWE				LL					
HERE	- Г	Signature of plan administrator	Date	Enter name of ir	ndividu	ıal sig	ning as	s plan adn	ninistrator	

Date

Date

Enter name of individual signing as plan administrator

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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection > Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I Annual Report Identification Information			·	
For		11/01/2	2009 and ending		10/31/2010
Α	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participant plan
B	This return/report is for: first return/report	final retu			
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)	·
С	Check box if filing under: Form 5558		cextension	,	DFVC program
	special extension (enter description)				T - 1 - biogram
P	art II Basic Plan Information—enter all requested inform		-		
	Name of plan		·	1b	Three-digit
	Industrial Electric Service Co., Inc. Pr	rofit			plan number
	Sharing Retirement Plan			4-	(PN) ▶ 002
				16	Effective date of plan 11/01/1985
2a	Plan sponsor's name and address (employer, if for single-employer Industrial Electric Service Co, Inc	r plan)		2b	Employer Identification Number
	industrial Frectic Service Co, inc		•	<u> </u>	(EIN) 91-0661410
	P.O. Box 107			2C	Plan sponsor's telephone number (360) 533-2792
	F.O. BOX 107			2d	Business code (see instructions)
2-	Aberdeen		WA 98520	<u> </u>	423600
Ja	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{Same}}$	enter "Sam	e")	3b	Administrator's EIN
			·	3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	et roturnire	anort filed for this plan, enter the	410	
•	name, EIN, and the plan number from the last return/report. Sponso	or's name	sport filed for this plant, either the	40	EIN
				4c	PN
	Total number of participants at the beginning of the plan year			5a	
	Total number of participants at the end of the plan year			5b	
С	Total number of participants with account balances as of the end o complete this item)	f the plan y	/ear (defined benefit plans do not	5c	·
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No
· b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (to	(AGC	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				X Yes No
Pa	art III Financial Information	VIII 0000-	or and must mistead use romm st	100.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	297,86	- A	(-)
b	Total plan liabilities			7 -	•
	•	7b	·	7=	· · ·
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	297,86		
8	Net plan assets (subtract line 7b from line 7a)		297,86 (a) Amount		(b) Total
	Net plan assets (subtract line 7b from line 7a)	7c	·		(b) Total
8	Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7c 8a(1)	·		(b) Total
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7c 8a(1) 8a(2)	·		(b) Total
8 a	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3)	(a) Amount	54	(b) Total
8	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b	·	54	
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount	54	(b) Total 51, 90°
8 a b	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount	54	
8 a b c d e	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Amount 51, 96	54	
8 a b c d e f	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Amount 51, 90 345, 76	54	
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount 51, 96	54	51,90
8 a b c d e f	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount 51, 90 345, 76	54	51,90° 349,77
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount 51, 90 345, 76	54	51,90

Signature of employer/plan sponsor

Page	2-	
Page	Z -	

Enter name of individual signing as employer or plan sponsor

					-				
Par								***	
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature codes from the	e List of Plan Char	acteris	stic Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes from the	List of Plan Chara	cteris	tic Cod	des in t	the instruc	tions:-	
Part	V Compliance Questions		11 - 1 11 11 11 11 11 11 11 11 11 11 11			٠.			
10	During the plan year:		-		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		·		711,104,110	
þ	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not include trans	sactions reported	10b		х			-
С	Was the plan covered by a fidelity bond?			10c	х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was	caused by fraud	10d		·X		51.	30,000
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner persons by an insu of the benefits under th	rance carrier, ne plan? (See	10e		Х		-	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	-		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear end.)		10g		Х		• .	· · · · · · · · · · · · · · · · · · ·
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instructions and	29 CFR	10h		<u>x</u>			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required notice or o	ne of the	10i			6676 64 7.78544		#. \$4 () . #. \$4 () .
Part	VI Pension Funding Compliance					· · · · · ·			500 B 41 1 1 1 1 1 1
11	Is this a defined benefit plan subject to minimum funding requirem 5500))	ents? (If "Yes," see in	structions and com	plete	Sched	ule SB	(Form	 ∏ Ye:	s 🛭 No
12	Is this a defined contribution plan subject to the minimum funding							Ye	
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic		5		OLIOIT	702 OI	LINOA!	П 10.	3 = 110
а	If a waiver of the minimum funding standard for a prior year is being	ng amortized in this pla	an year, see instrud	ctions,	and e	nter th	e date of	the letter r	ulina
	granting the waiver		Mon	th		Day		Үеаг	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	-			Γ.		1		<u> </u>
b	Enter the minimum required contribution for this plan year					12b			
c d	Enter the amount contributed by the employer to the plan for this p					12c	<u> </u>		
	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)				— —	12d			<u></u>
	Will the minimum funding amount reported on line 12d be met by t	he funding deadline?					Yes	No	N/A
Part									
13a	Has a resolution to terminate the plan been adopted during the pla	in year or any prior ye	ar?					X Yes	No No
	if "Yes," enter the amount of any plan assets that reverted to the e					13a			C
	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	***************************************				ntrol		X Yes	s 📗 No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	om this plan to anothe	r plan(s), identify th	ne piar	n(s) to			 -	
1	3c(1) Name of plan(s):			<u> </u>	130	(2) Ell	N(s)	13c(3) PN(s)
•									
			<u>.</u>						
	on: A penalty for the late or incomplete filing of this return/rep								
SB or	penalties of perjury and other penalties set forth in the instructions Schedule MB completed and signed by an enrolled actuary, as we it is true, correct, and implete.	s, I declare that I have Il as the electronic ver	examined this return/	ırn/rep report	ort, in , and t	cluding o the b	g, if applica est of my	able, a Sci knowledg	nedule e and
SIGN	Was de	X2 loo lon 11	Ken Johnson	n					
HERI		Date Date	Enter name of in		ıal sigr	ning as	plan adm	inistrator	 .
SIGN		Date	Enter name of in	divide	ial ele-	ing c-	omelere		
	1 - Grando et embrejonkian ekoneri	Dutt		MINICILI	மாலமா	ചാധ ⊁ഭ	. EULUIOVAT	or nian er	IOUSO*

Date