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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Comp	olete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	
	rt I Annual Report Identification					
For	calendar plan year 2010 or fiscal plan year	beginning 01/01/20	10	and ending 1	2/31/2	2010
Α.	This return/report is for:	mployer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	rn/report	final retur	n/report		
	X an amer	nded return/report	short plar	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	58	automatic	extension		DFVC program
	The state of the s	extension (enter descript	ion)			
Da	rt II Basic Plan Information—	•	,			
	Name of plan	enter all requested inion	Hallon		1h	Three-digit
	ED STATES ELECTRIC CORP OF WASH	IINGTON 401(K) PLAN			15	plan number 001
						(PN) ▶
					1c	Effective date of plan 01/01/2004
2a	Plan sponsor's name and address (emplo	ver, if for single-employe	er plan)		2b	Employer Identification Number
	UNITED STATES ELECTRIC CORPORATION OF WASHINGTON					(EIN) 13-4224477
P. O.	BOX 87				2c	Plan sponsor's telephone number 206-391-7360
	MPIA, WA 98507				2d	Business code (see instructions)
						238210
3a UNIT	Plan administrator's name and address (if ED STATES ELECTRIC CORPORATION	same as Plan sponsor, OF P. O. BOX	enter "Same	∍")	3b	Administrator's EIN 13-4224477
	HINGTON	OLYMPIA,	WA 98507		3c	Administrator's telephone number
						206-391-7360
	the name and/or EIN of the plan sponsor name, EIN, and the plan number from the l	ū		port filed for this plan, enter the	4b	EIN
	iame, Env., and the plan number nom the i	ast return/report. Sports	on s name		4c	PN
5a	Total number of participants at the beginn	ing of the plan year			5a	15
b	Total number of participants at the end of	the plan year			5b	20
С	Total number of participants with account			•		20
	complete this item)				5c	
	Were all of the plan's assets during the p Are you claiming a waiver of the annual e	,		,		Yes No
b	under 29 CFR 2520.104-46? (See instruc					Yes No
	If you answered "No" to either 6a or 6l					
Pa	rt III Financial Information					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	328945	5	417157
b	Total plan liabilities		7b			
С	Net plan assets (subtract line 7b from line	7a)	7с	328945	5	417157
8	Income, Expenses, and Transfers for this	Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from			33644	L	
	(1) Employers			22380		
	(2) Participants			22300	_	
L	(3) Others (including rollovers)		, ,	35981	_	
b	Other income (loss)			33301		92005
C	Total income (add lines 8a(1), 8a(2), 8a(3		8c			92003
d	Benefits paid (including direct rollovers ar to provide benefits)		8d			
е	Certain deemed and/or corrective distribu	tions (see instructions)	8e			
f	Administrative service providers (salaries	fees, commissions)	8f	3793	3	
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e, 8f, and	8g)				3793
i	Net income (loss) (subtract line 8h from li					88212
j	Transfers to (from) the plan (see instruction					

	F	Form 5500-SF 2010 Page 2	2-1		_		
ar	t IV	Plan Characteristics					
a		plan provides pension benefits, enter the applicable pension feature codes from the List of 2F 2J 3D	of Plan Chara	cteris	tic Co	des in	the instructions:
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of	of Plan Charac	teris	tic Cod	des in t	the instructions:
art	t V	Compliance Questions					
0	Durii	ng the plan year:			Yes	No	Amount
а		there a failure to transmit to the plan any participant contributions within the time period of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transaction ne 10a.)		10b		X	
С	Was	s the plan covered by a fidelity bond?		10c	X		300000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause ishonesty?		10d		X	
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance rance service or other organization that provides some or all of the benefits under the plar uctions.)	n? (See	10e		X	
f	Has	the plan failed to provide any benefit when due under the plan?		10f		X	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	X		15400
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFI 0.101-3.)		10h		X	
i		th 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					
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction))					` \ \
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412	2 of the Code	or se	ction 3	302 of I	ERISA? Yes No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan yea ting the waiver.	Montl				
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	p to line 13.		_		Γ
b	Ente	r the minimum required contribution for this plan year			∟	12b	
С	Ente	r the amount contributed by the employer to the plan for this plan year			L	12c	
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sig	gn to the left o	of a		12d	

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?

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

N/A

No

No

Yes

Yes X No

Yes

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	05/09/2011	BRADY MALCOLM
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 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art 1 Annual Report Identification Information	/ /						
For		01/01/	2010 and ending		12/31/2010			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final retu	rn/report		•			
	an amended return/report	short plai	n year return/report (less than 12 mor	nths)				
С	Check box if filing under: Form 5558	automatic	cextension		DFVC program			
	special extension (enter description	, מט(
P;	art II Basic Plan Information—enter all requested inform	•						
	Name of plan			1b	Three-digit			
	UNITED STATES ELECTRIC CORP OF WASHINGTO	N 401	(K) PLAN		plan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
200	Discourage and add to the second seco	, ,		01/01/2004				
Za	Plan sponsor's name and address (employer, if for single-employer UNITED STATES ELECTRIC CORPORATION OF WA	2b Employer Identification Number (EIN) 13 - 4224477 2c Plan sponsor's telephone number						
	P. O. BOX 87			206-391-7360				
٠	OLYMPIA WA 98507			2d	Business code (see instructions)			
32		ntes #Cons		26	238210 Administrator's EIN			
Ju	Plan administrator's name and address (if same as Plan sponsor, e UNITED STATES ELECTRIC CORPORATION OF WA	ASHINGT	ron	JU	13-4224477			
	P. O. BOX 87			3с	Administrator's telephone number			
	OLYMPIA WA 98507			206-391-7360				
4	f 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. Sponso	st return/re	eport filed for this plan, enter the	4b	EIN			
	name, and the part name of new the test feterimeport. Opense	n o name		4c	PN			
5a	Total number of participants at the beginning of the plan year		***************************************	5a	15			
b	Total number of participants at the end of the plan year			5b	. 20			
С	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not					
	complete this (tem)			5c	20			
	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use F							
Pa	rt III Financial Information			 				
7	Plan Assets and Liabilities	(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a 328945						
b	Total plan liabilities							
¢	C Net plan assets (subtract line 7b from line 7a)		32894	5	42371			
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount		(b) Total			
	Contributions received or receivable from:			134 /V				
	(1) Employers	8a(1)	3364	4				
	(2) Participants	8a(2)	2893	5				
_	(3) Others (including rollovers)			4.5.				
b	Other income (loss)	dB	3598	1				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			98560			
- d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)	8f	379	3				
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				3793			
i	Net income (loss) (subtract line 8h from line 8c)	8i			94767			
	Transfers to (from) the plan (see instructions)			1785				

	rt IV Plan Characteristics					,		
9a	If the plan provides pension benefits, enter the applicable pension feature codes fro 2E 2F 2J 3D	m the List of Plan Charac	cteristic	: Code	es in t	he instructio	ns:	
b		n the List of Plan Charact	teristic	Code	s in th	ne instruction	is:	
Par	t V Compliance Questions							
10	During the plan year:		1	'es	No	Aı	nount	
	Was there a failure to transmit to the plan any participant contributions within the tir 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction		10a		х			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include on line 10a.)		10b		х	•	,	-
c	Was the plan covered by a fidelity bond?		10c	х			30	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that or dishonesty?		10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance service or other organization that provides some or all of the benefits und instructions.)	der the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?	***************************************	10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	х			1	5400
_	If this is an individual account plan, was there a blackout period? (See instructions 2520.101-3.)	and 29 CFR	10h		х		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
i		or one of the	10i					
Pari	VI Pension Funding Compliance	-						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," so 5500))						Yes [Na
12	Is this a defined contribution plan subject to the minimum funding requirements of						Yes 2	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in the							g
	granting the waiver.		1		Day_	Y	ear	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	,			25		***************************************	
þ	Enter the minimum required contribution for this plan year			<u> </u>	2b			
C				1	2c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			L	2d	7		······································
J. S. 1975, 1	 Will the minimum funding amount reported on line 12d be met by the funding deadled and the second of the second of	пе?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						<u> </u>	
13a	Has a resolution to terminate the plan been adopted during the plan year or any pri	or year?					l Voc b	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•					res	No
d	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
	of the PBGC?	nother plan, or brought u	nder th	e con	i3a troi			
С		nother plan, or brought u	nder th	e con				
	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to an	nother plan, or brought u	nder th	e con		N(s)		No No
	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	nother plan, or brought u	nder th	e con	trol	N(s)	Yes	No No
	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	nother plan, or brought u	nder th	e con	trol	N(s)	Yes	No No
	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.)	nother plan, or brought un	e plan	s) to	(2) EII		Yes	No No
Cau Undo SB o	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	nother plan, or brought un nother plan(s), identify the seed unless reasonable have examined this retur	e plan(s) to 13c(e is e	(2) Ell	ished. q. if applicab	Yes [No PN(s)
Cau Und SB o belie	of the PBGC?	nother plan, or brought un nother plan(s), identify the seed unless reasonable have examined this retur	e caus	s) to 13c(e is e	(2) Ell	ished. q. if applicab	Yes [No PN(s)
Cau Undo SB o	of the PBGC?	ssed unless reasonable have examined this returnic version of this return/re	e caus	e is e	stabil	ished. g, if applicab best of my kr	13c(3) F	No PN(s)
Cau Und SB o belie	If during this plan year, any assets or liabilities were transferred from this plan to ar which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): Ition: A penalty for the late or incomplete filling of this return/report will be asset er penalties of perjury and other penalties set forth in the instructions, I declare that I or Schedule MB completed and signed by an enrolled actuary, as well as the electron of, it is true, correct, and complete. Signature of plan administrator Date	ssed unless reasonable have examined this return/re	e caus	e is e	stabil	ished. g, if applicab best of my kr	13c(3) F	No PN(s)

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