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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	rt I Annual Report Id	dentification Information	on				
For	calendar plan year 2010 or fisca	al plan year beginning 01/	01/2010	and ending	12/31/2	2010	
Α -	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	ant plan
В	This return/report is for:	first return/report	final retu	rn/report			
	· [an amended return/report	short pla	n year return/report (less than 12 r	nonths)		
C	Check box if filing under:	Form 5558	automati	c extension		DFVC progra	am
	[special extension (enter de	escription)				
Pa	rt II Basic Plan Inforr	nation—enter all requested	information				
	Name of plan		······································		1b	Three-digit	
	ROVAC INDUSTRIAL SERVICE	ES, INC., 401(K) PLAN				plan number	002
					4 -	(PN) •	
					10	Effective date o	
2a	Plan sponsor's name and addre	ess (emplover, if for single-en	nplover plan)		2b	Employer Identi	fication Number
	ROVAC INDUSTRIAL SERVICE		, , , , , ,			(EIN) 64-081	1073
66 NI	EW HOPE ROAD				2c	Plan sponsor's	telephone number 8-4535
	JMBUS, MS 39702						(see instructions)
						811310	
	Plan administrator's name and			e")	3b	Administrator's	
וטזח	ROVAC INDUSTRIAL SERVICE		EW HOPE ROAD JMBUS, MS 3970	2	20	64-081	
					36	662-32	telephone number 8-4535
4 1	the name and/or EIN of the pla	an sponsor has changed since	e the last return/re	eport filed for this plan, enter the	4b	EIN	
ı	name, EIN, and the plan numbe	r from the last return/report.	Sponsor's name		4c	DN	
52	Total number of participants at	the heginning of the plan yes	or.			T	96
	Total number of participants at the beginning of the plan yearTotal number of participants at the end of the plan year						100
				year (defined benefit plans do not	5b		100
C				year (defined benefit plans do not	5c		54
6a	Were all of the plan's assets of	during the plan year invested i	n eligible assets?	(See instructions.)			X Yes No
b				ndent qualified public accountant (
	•		• •	ions.) -SF and must instead use Form			Yes No
Pa	rt III Financial Informa		use Form 5500	-or and must mistead use rorm	3300.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
-	Total plan assets		7a	11924	138	(3) 2.10	1451181
	Total plan liabilities						
	Net plan assets (subtract line 7			11924	138		1451181
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) ·	Total
а	Contributions received or received			820	142		
	(1) Employers		` '				
	.,		` '	1139	704		
)	` '	1510	14.4		
	Other income (loss)			1310)		347017
C C	Total income (add lines 8a(1),						347017
d	Benefits paid (including direct to provide benefits)	-		612	273		
е	Certain deemed and/or correct			154	127		
f	Administrative service provider	`	<i>'</i>	3′	184		
g	Other expenses	,	′	83	390		
h	Total expenses (add lines 8d,						88274
i	Net income (loss) (subtract line	· · · · · · · · · · · · · · · · · · ·					258743
i	Transfers to (from) the plan (se	, ,					

	F	Form 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plar	Character	istic Co	des in	the instruc	tions:	
b		3D 2G 2J 2K e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Characteri	etic Co	dae in 1	the instruct	ions.	
D	11 1110	e plan provides weriare benefits, enter the applicable weriare realtire codes from the List of Fran	Characteri	Stile Cot	JC3 III I	ine manuci	iioris.	
art	: V	Compliance Questions						
0	Duri	ing the plan year:		Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions within the time period describ CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions repo ine 10a.)			X			
С	Wa	s the plan covered by a fidelity bond?	100	X				350000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fishonesty?			X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie urance service or other organization that provides some or all of the benefits under the plan? (Se ructions.)	е	X				3677
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				53098
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			X			
i		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 ar 0))					Yes	s X No
2	ls th	his a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or s	ection 3	302 of	ERISA?	Yes	No 📉 No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver						
lf	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin			Day		. oa	
b	Ente	er the minimum required contribution for this plan year			12b			
С		er the amount contributed by the employer to the plan for this plan year		1	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)			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

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PRGC2

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)

Yes X No

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.	07/20/2011	RONNIE WEST
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**

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Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

This Form is Open to Public

Inspection

OMB Nos. 1210-0110 1210-0089

		dance witi	the instructions to the Form 550	U-5F.		
	art I Annual Report Identification Information	1/01/2	010 and anding		12/31/201	1.0
For						
Α	This return/report is for:	•	employer plan (not multiemployer)		one-participa	ant plan
В	This return/report is for:	final retur	•			
	an amended return/report	short plar	year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automatic	extension		☐ DFVC progra	am
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan Hydrovac Industrial Services, Inc., 401(kl Dla	n	1b	Three-digit plan number	
	Hydrovac industrial Services, inc., 401(K) IIA	11		(PN)	002
				1c	Effective date o	
			4444		01/01/200	
2a	Plan sponsor's name and address (employer, if for single-employer Hydrovac Industrial Services, Inc.	plan)		2b	Employer Identi (EIN) 64-081	
	, 420 140 2110 22 20 20 20 20 20 20 20 20 20 20 20 20			2c		telephone number
	66 New Hope Road				(662)328-	
	-			2d	Business code 811310	(see instructions)
20	Columbus Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	MS 39702	3h	Administrator's	FIN
Ja	same	inter Gaine	,		64-081107	
	same			3с	Administrator's (662) 328-	telephone number
A :	f the name and/or EIN of the plan sponsor has changed since the las	ot roturn/ro	nort filed for this plan, enter the	4h	(002)320-	4333
4	r 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. Sponso	r's name	port filed for this plan, enter the	40	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		9
b	Total number of participants at the end of the plan year			5b		10
С	Total number of participants with account balances as of the end of			5c		5
G o	complete this item)					X Yes No
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
	art III Financial Information		(a) B		(b) F. d	1 - £ V
7	Plan Assets and Liabilities	7-	(a) Beginning of Year 1,192,43	18	(a) End	1,451,18
	Total plan assets Total plan liabilities	7a 7b	1,102,40	,0		1, 101, 10
	Net plan assets (subtract line 7b from line 7a)	7c	1,192,43	18		1,451,18
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) '	Total
o a	Contributions received or receivable from:				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	(1) Employers	8a(1)	82,04	\dashv		
	(2) Participants	8a(2)	113,96	54		
	(3) Others (including rollovers)	- 8a(3)		_		
b	Other income (loss)	8b	151,01	. 1		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_		347,01
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	61,27	3		
е	Certain deemed and/or corrective distributions (see instructions)	8e	15,42			
f	Administrative service providers (salaries, fees, commissions)	8f	3,18			
g	Other expenses	8g	8,39	—-{		
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				88,27
i	Net income (loss) (subtract line 8h from line 8c)	8i	Amende de la constantina del constantina de la constantina de la constantina del constantina de la con			258,74
i	Transfers to (from) the plan (see instructions)					

		2010

SIGN HERE

	_ 1	
Page	2-	
raye	_	

Pai	rt IV	Plan Characteristics							
9a		e plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Char	acteris	stic Co	des in	the instructi	ons:
	16.01	2E 3D 2G 2J 2K	uun aadaa fuana kka	List of Dlaw Chara	oto vio	tio Co.	daa in t	ha inatruatio	
b	if tr	e plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan Chara	iciens	lic Coo	ies in t	ne instructio	ons.
Par	t V	Compliance Questions							
10		ring the plan year:				Yes	No	A	\mount
		s there a failure to transmit to the plan any participant contribution	ns within the time pe	riod described in					
1		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Χ		
b		re there any nonexempt transactions with any party-in-interest? (I line 10a.)			10b		Х		
С		as the plan covered by a fidelity bond?			10c	Х			350,000
d		the plan have a loss, whether or not reimbursed by the plan's fide				21			330,000
4		dishonesty?			10d		Χ		
е		re any fees or commissions paid to any brokers, agents, or other l							
		urance service or other organization that provides some or all of the tructions.)			10e	Х			3,677
f		s the plan failed to provide any benefit when due under the plan?			10f		Х		
q		the plan have any participant loans? (If "Yes," enter amount as of			10g	Х			53,098
h		his is an individual account plan, was there a blackout period? (Se			log	21			23,030
	25	20.101-3.)			10h		Χ		
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i				
) o ref	VI	Pension Funding Compliance		-	101				
11	14 ST 12 YOU	nis a defined benefit plan subject to minimum funding requirement	s? (If "Yes." see ins	tructions and com	plete	Sched	ule SB	(Form	
		0))							Yes X No
12	Is	his a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl waiver of the minimum funding standard for a prior year is being a		n voor oog ingtru	otiono	and a	ntor th	a data of the	a lottor ruling
a		waiver of the minimum funding standard for a prior year is being a nting the waiver.							
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule M				_			
b	Ent	er the minimum required contribution for this plan year					12b		
C		er the amount contributed by the employer to the plan for this plan	=				12c		
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d		
e		the minimum funding amount reported on line 12d be met by the						Yes	No N/A
100 400	VII	Plan Terminations and Transfers of Assets	<u> </u>						
		a resolution to terminate the plan been adopted during the plan y	ear or any prior vea	ır?					Yes X No
ou		es," enter the amount of any plan assets that reverted to the emp					13a		
b		re all the plan assets distributed to participants or beneficiaries, tra					ntrol		
	of t	ne PBGC?							Yes X No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne pia	n(s) to			
) Name of plan(s):				13	c(2) EII	N(s)	13c(3) PN(s)
			8						
					-				
Caut	ion	A penalty for the late or incomplete filing of this return/report	will he assessed i	unless reasonah	le car	ise is	establi	ished	L
		nalties of perjury and other penalties set forth in the instructions, I							ole, a Schedule
SB o	r Scl	edule MB completed and signed by an enrolled actuary, as well a	s the electronic vers	sion of this return/	report	, and t	to the b	est of my ki	nowledge and
oelie	t, it is	true correct, and complete.	(
SIG	N	4010 (1/27)	6/27/11	Ronnie Wes	t				
HER	RE	Signature of plan administrator	Date	Enter name of ir	ndividu	ual sig	ning as	s plan admir	istrator
SIG		45 ONL WAY	6/27/11	Ronnie Wes	t		12		
HER		Signature of employer/plan sponsor	Date	Enter name of ir	ndividu	ual sig	ning as	s employer o	or plan sponsor