

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
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>10/01/2010</u> and ending <u>09/30/2011</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>BEACON ELECTRIC, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>11/01/2007</u>	
1b Three-digit plan number (PN) ►	<u>001</u>				
1c Effective date of plan <u>11/01/2007</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>BEACON ELECTRIC, INC.</u> <u>1828 112TH STREET EAST SUITE H</u> <u>TACOMA, WA 98445</u>	2b Employer Identification Number (EIN) <u>20-8400948</u>				
	2c Plan sponsor's telephone number <u>253-537-0351</u>				
	2d Business code (see instructions) <u>238210</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>BEACON ELECTRIC, INC.</u> <u>1828 112TH STREET EAST SUITE H</u> <u>TACOMA, WA 98445</u>	3b Administrator's EIN <u>20-8400948</u>				
	3c Administrator's telephone number <u>253-537-0351</u>				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN				
	4c PN				
5a Total number of participants at the beginning of the plan year	5a <u>0</u>				
b Total number of participants at the end of the plan year	5b				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					

Part III	Financial Information																																						
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Beginning of Year</th> <th style="width:20%;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a <u>0</u></td> <td></td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b</td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td>7c <u>0</u></td> <td></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a <u>0</u>		b Total plan liabilities	7b		c Net plan assets (subtract line 7b from line 7a)	7c <u>0</u>																											
	(a) Beginning of Year	(b) End of Year																																					
a Total plan assets	7a <u>0</u>																																						
b Total plan liabilities	7b																																						
c Net plan assets (subtract line 7b from line 7a)	7c <u>0</u>																																						
8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Amount</th> <th style="width:20%;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td rowspan="3"></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1)</td> </tr> <tr> <td> (2) Participants</td> <td>8a(2)</td> </tr> <tr> <td> (3) Others (including rollovers)</td> <td>8a(3)</td> <td></td> </tr> <tr> <td>b Other income (loss)</td> <td>8b</td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td></td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td> <td>8d</td> <td rowspan="3"></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td>8e</td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td>8f</td> </tr> <tr> <td>g Other expenses</td> <td>8g</td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td>8h</td> <td></td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c)</td> <td>8i</td> <td></td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	8a(1)	(2) Participants	8a(2)	(3) Others (including rollovers)	8a(3)		b Other income (loss)	8b		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		e Certain deemed and/or corrective distributions (see instructions)	8e	f Administrative service providers (salaries, fees, commissions)	8f	g Other expenses	8g		h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		i Net income (loss) (subtract line 8h from line 8c)	8i		j Transfers to (from) the plan (see instructions)	8j	
	(a) Amount	(b) Total																																					
a Contributions received or receivable from:																																							
(1) Employers	8a(1)																																						
(2) Participants	8a(2)																																						
(3) Others (including rollovers)	8a(3)																																						
b Other income (loss)	8b																																						
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c																																						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d																																						
e Certain deemed and/or corrective distributions (see instructions)	8e																																						
f Administrative service providers (salaries, fees, commissions)	8f																																						
g Other expenses	8g																																						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h																																						
i Net income (loss) (subtract line 8h from line 8c)	8i																																						
j Transfers to (from) the plan (see instructions)	8j																																						

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

2J 3E 2F

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

		Yes	No	Amount
10 During the plan year:				
a 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	X		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	
e 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			2
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "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. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e 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 year or any prior year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☒ Yes ☐ No

c 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)

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 HERE	Filed with authorized/valid electronic signature.	08/04/2011	JENNIFER WILLIAMS
	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 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e) and 6058(a) of the Internal Revenue Code (the Code) <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>04/01/2010</u> and ending <u>12/31/2010</u>		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input checked="" type="checkbox"/> the first return/report; <input type="checkbox"/> an amended return/report;	<input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here <input type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;

Part II Basic Plan Information —enter all requested information		
1a Name of plan BEACON ELECTRIC, INC. INSURANCE PROGRAM	1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name and address (employer if for a single-employer plan) (Address should include room or suite no.) BEACON ELECTRIC, INC. 626 WEST MAIN STREET SUMNER WA 98390	1c Effective date of plan 04/01/2010 2b Employer Identification Number (EIN) 20-8400948 2c Sponsor's telephone number 253-863-1344 2d Business code (see instructions) 238210	

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 accompanying schedules statements and attachments, 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 HERE		<u>8-3-11</u> Date	Jennifer Williams Enter name of individual signing as plan administrator
SIGN HERE		<u>8-3-11</u> Date	Jennifer Williams Enter name of individual signing as employer or plan sponsor
SIGN HERE		_____ Date	_____ Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor enter "Same") BEACON ELECTRIC, INC 626 WEST MAIN STREET SUMNER WA 98390	3b Administrator's EIN 20-8400948 3c Administrator's telephone number 253-863-1344
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 16
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d)	
a Active participants	6a 20
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal Add lines 6a, 6b, and 6c	6d 20
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a 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:

4A 4D 4Q

9a Plan funding arrangement (check all that apply) <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;"><input checked="" type="checkbox"/></td><td>Insurance</td></tr> <tr><td>(2)</td><td><input type="checkbox"/></td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3)</td><td><input checked="" type="checkbox"/></td><td>Trust</td></tr> <tr><td>(4)</td><td><input type="checkbox"/></td><td>General assets of the sponsor</td></tr> </table>	(1)	<input checked="" type="checkbox"/>	Insurance	(2)	<input type="checkbox"/>	Code section 412(e)(3) insurance contracts	(3)	<input checked="" type="checkbox"/>	Trust	(4)	<input type="checkbox"/>	General assets of the sponsor	9b Plan benefit arrangement (check all that apply) <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;"><input checked="" type="checkbox"/></td><td>Insurance</td></tr> <tr><td>(2)</td><td><input type="checkbox"/></td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3)</td><td><input checked="" type="checkbox"/></td><td>Trust</td></tr> <tr><td>(4)</td><td><input type="checkbox"/></td><td>General assets of the sponsor</td></tr> </table>	(1)	<input checked="" type="checkbox"/>	Insurance	(2)	<input type="checkbox"/>	Code section 412(e)(3) insurance contracts	(3)	<input checked="" type="checkbox"/>	Trust	(4)	<input type="checkbox"/>	General assets of the sponsor			
(1)	<input checked="" type="checkbox"/>	Insurance																										
(2)	<input type="checkbox"/>	Code section 412(e)(3) insurance contracts																										
(3)	<input checked="" type="checkbox"/>	Trust																										
(4)	<input type="checkbox"/>	General assets of the sponsor																										
(1)	<input checked="" type="checkbox"/>	Insurance																										
(2)	<input type="checkbox"/>	Code section 412(e)(3) insurance contracts																										
(3)	<input checked="" type="checkbox"/>	Trust																										
(4)	<input type="checkbox"/>	General assets of the sponsor																										
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached and where indicated enter the number attached (See instructions)																												
a Pension Schedules <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;"><input type="checkbox"/></td><td>R (Retirement Plan Information)</td></tr> <tr><td>(2)</td><td><input type="checkbox"/></td><td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td></tr> <tr><td>(3)</td><td><input type="checkbox"/></td><td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td></tr> </table>	(1)	<input type="checkbox"/>	R (Retirement Plan Information)	(2)	<input type="checkbox"/>	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	<input type="checkbox"/>	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">(1)</td><td style="width: 5%;"><input type="checkbox"/></td><td>H (Financial Information)</td></tr> <tr><td>(2)</td><td><input checked="" type="checkbox"/></td><td>I (Financial Information - Small Plan)</td></tr> <tr><td>(3)</td><td><input checked="" type="checkbox"/></td><td>2 A (Insurance Information)</td></tr> <tr><td>(4)</td><td><input type="checkbox"/></td><td>C (Service Provider Information)</td></tr> <tr><td>(5)</td><td><input type="checkbox"/></td><td>D (DFE/Participating Plan Information)</td></tr> <tr><td>(6)</td><td><input type="checkbox"/></td><td>G (Financial Transaction Schedules)</td></tr> </table>	(1)	<input type="checkbox"/>	H (Financial Information)	(2)	<input checked="" type="checkbox"/>	I (Financial Information - Small Plan)	(3)	<input checked="" type="checkbox"/>	2 A (Insurance Information)	(4)	<input type="checkbox"/>	C (Service Provider Information)	(5)	<input type="checkbox"/>	D (DFE/Participating Plan Information)	(6)	<input type="checkbox"/>	G (Financial Transaction Schedules)
(1)	<input type="checkbox"/>	R (Retirement Plan Information)																										
(2)	<input type="checkbox"/>	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary																										
(3)	<input type="checkbox"/>	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary																										
(1)	<input type="checkbox"/>	H (Financial Information)																										
(2)	<input checked="" type="checkbox"/>	I (Financial Information - Small Plan)																										
(3)	<input checked="" type="checkbox"/>	2 A (Insurance Information)																										
(4)	<input type="checkbox"/>	C (Service Provider Information)																										
(5)	<input type="checkbox"/>	D (DFE/Participating Plan Information)																										
(6)	<input type="checkbox"/>	G (Financial Transaction Schedules)																										