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).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

P	art I	Annual Report	Identification Information								
For	calenda	ar plan year 2010 or fis	scal plan year beginning 01/01/	/2010	and ending	12/31/2	2010				
Α	This ret	turn/report is for:	xingle-employer plan	multiple	employer plan (not multiemployer)	one-participant plan					
		turn/report is for:	first return/report	봄 :	ırn/report						
ט	THIS TEL	turn/report is for.	H	븜	·	ntha)					
			an amended return/report	H	n year return/report (less than 12 mo	ontns)					
С	Check b	box if filing under:	^ Form 5558	automat	ic extension		DFVC program				
			special extension (enter descri	ription)							
P	art II	Basic Plan Info	rmation—enter all requested inf	formation							
	Name		,			1b	Three-digit				
		•	K) PROFIT SHARING PLAN				plan number 002				
			,				(PN) •				
						1c	Effective date of plan				
							01/01/1990				
			dress (employer, if for single-emplo	oyer plan)		2b	Employer Identification Number				
CON	NRAD IN	NDUSTRIES, INC.				-	(EIN) 91-0677449				
121	MELHA	RT ROAD				2C	Plan sponsor's telephone number 360-748-6936				
		WA 98532				2d	Business code (see instructions)				
							484120				
3a	Plan a	dministrator's name an	nd address (if same as Plan sponso	or, enter "San	ne")	3b	Administrator's EIN				
CON	NRAD IN	NDUSTRIES, INC.		.HART ROAD .IS, WA 9853			91-0677449				
			011E1111E	-10, 177 (0000	_	3с	Administrator's telephone number 360-748-6936				
4	16.41	I/ EIN (d									
4			plan sponsor has changed since the ber from the last return/report. Spo		eport filed for this plan, enter the	4b	EIN				
	riairio, i	ent, and the plan name		onoor o namo		4c	PN				
5a	Total r	number of participants	at the beginning of the plan year			5a	a 9				
b	Total r	number of participants	at the end of the plan year			5b	9				
					year (defined benefit plans do not						
					, ,	5c	9				
6a	Were	all of the plan's assets	s during the plan year invested in e	ligible assets	? (See instructions.)		Yes No				
b	Are yo	ou claiming a waiver of	the annual examination and repor	t of an indepe	endent qualified public accountant (IC	(PA					
			`	•	tions.)		Yes No				
				se Form 5500	9-SF and must instead use Form 55	00.					
_	art III	Financial Inforn	nation								
7	Plan A	Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year				
а	Total p	plan assets		7a	8654	9	94211				
b	Total p	plan liabilities		7b							
С	Net pla	an assets (subtract line	e 7b from line 7a)	7с	8654	9	94211				
8	Incom	e, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total				
а		butions received or rec									
	(1) E	mployers		8a(1)							
	(2) Pa	articipants		8a(2)							
	(3) Ot	thers (including rollover	rs)	8a(3)		_					
b	Other	income (loss)		8b	766	2					
С	Total i	income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	8c			7662				
d			ct rollovers and insurance premium								
						\dashv					
е	Certai	in deemed and/or corre	ective distributions (see instructions	s) 8e							
f	Admin	nistrative service provid	ders (salaries, fees, commissions).	8f							
g	Other	expenses		8g							
h	Total e	expenses (add lines 8d	d, 8e, 8f, and 8g)	8h			0				
i	Net in	come (loss) (subtract li	ine 8h from line 8c)	8i			7662				
	Transf	fers to (from) the plan ((see instructions)	8j							
J	Hallsi	ioro to (irom) the plan ((000 111011 00110110) 111111111111111111								

	Form 5500-SF 2010 Page 2-								
Par	IV Plan Characteristics								-
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara-	cteris	tic Co	des in	the instruc	ction	s:		_
_	2E 2F 2J 2G 3D 3H								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cteris	tic Coc	les in t	he instruc	tions	:		
art	V Compliance Questions								_
0	During the plan year:		Yes	No		Am	ount		_
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	, , , , , , , , , , , , , , , , , , , ,			X					_
	·	10b		X					_
С	Was the plan covered by a fidelity bond?	10c		^					
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					476	j
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					28149	_
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					Ī
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								
11	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	or se	ction 3	02 of E	ERISA?		Yes	X	_
	(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 this plan year, see instruct granting the waiver							ling	
If	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	''		Day _		100	ш		
	Enter the minimum required contribution for this plan year		[12b					_
	Enter the amount contributed by the employer to the plan for this plan year		l l	12c					_
_	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount).								_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>			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?						Yes	X No	_
									-

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

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

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 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.	09/30/2011	MARC CONRAD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/30/2011	MARC CONRAD
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

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

Emp	Department of Labor Internal Rev		Inspection						
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Appual Report Identification Information									
Fort	he calendar plan year 2010 or fiscal plan year beginning	01/01/	2720	2/31/2010					
A T	his return/report is for: single-employer plan mr	nal return/re	loyer plan (not multiemployer) eport ear return/report (less than 12 months)	one-participant plan					
C	Check box if filing under: X Form 5558	utomatic ex	tension	DFVC program					
202	Basic Plan Information enter all requested information	tion.							
	Name of plan	16	Three-digit plan number						
	Conrad Industries, Inc., 401k) Profit Sharing I	Plan	10	(PN) ► 002 Effective date of plan					
				01/01/1990					
2a	Plan sponsor's name and address (employer, if for single-employer plan)		26	Employer Identification Number (EIN) 91-0677449					
	Conrad Industries, Inc.		2c	Pien sponsor's telephone number (360) 748-6936					
	121 Melhart Road		2d	Business code (see instructions)					
US	Chehalis WA 98532	mch IIV	3h	484120 Administrator's EIN					
3а	Plan administrator's name and address (if same as plan employer, enter Same	"Same")	"	Actividados 4					
	Germa		3c	Administrator's telephone number					
_		turn koond	Slad for this plan enter the 4b	4b EIN					
4	If the name and/or EIN of the plan sponsor has changed since the last rename, EIN and the plan number from the last return/report. Sponsor's Na	ame	The lot the piet, enter the	PN					
	<u></u>								
5a	Total number of participants at the beginning of the plan year								
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the plan year.	 dan vear (d	efined benefit plans do not						
С	complete this item)								
6a	Were all of the plan's assets during the plan year invested in eligible ass	ets? (See ii	nstructions.)	XYes No					
b	Are you claiming a waiver of the annual examination and report of an indunder 29 CFR 2520.104-46? (See instructions on waiver eligibility and c	qualified public accountant (IQFA)	X Yes No						
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must instead use Form 5500.						
	Financial Information								
7	Plan Assets and Liabilities	70776	(a) Beginning of Year	(b) End of Year					
a	Total plan assets	7a	86,549	94,211					
b	Total plan liabilities	7b		<u> </u>					
C	Net plan assets (subtract line 7b from line 7a)	7c	86,549	94,211					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		apole no combinative en					
	(3) Others (including rollovers)	8a(3)							
b		8ь	7,662	A STATE OF THE STA					
¢	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7,662					
ď	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d							
e		8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g		8g		0					
h	·	8h		7,662					
i	Net income (loss) (subtract line 8h from line 8c)	81							
j	Transfers to (from) the plan (see instructions)	8j the instruc	tions for Form 5500-SF.	Form 5500-SF (2010)					

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	•								
		_	•						
	Form 5500-SF <u>2010</u>	Pa	ge 2-						_
Ran	V Plan Characteristics								
9a 1	the plan provides pension benefits, enter the applicable pension feature	e codes from the List o	f Plan Characterist	ic Co	des in	the ins	structions:		
	2E 2E 2.1 2G 3D 3H								
D I	the plan provides welfare benefits, enter the applicable welfare feature	Codes from the List of	FIBIT CHBIBCICHSUC	, 000	C3 111 1	ate mer	doctorie.		
Par	Compliance Questions								
					Yes	No	Ar	nount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution of	within the time period d	escribed in			x			
a	29 CFR 2510 3-1022 (See instructions and DOL's Voluntary Fiduciary	Correction Program)		10a		<u> ^</u>			
þ	Were there any nonexempt transactions with any party-in-interest? (Do		ns reported	10ь		x			
	on line 10a.)			10c		x			-
ç	Was the plan covered by a fidelity bond?		od bu froud	100	 	<u> </u>			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	ity bond, that was caus	· · · · · ·	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other pe	rsons by an insurance	carrier,						
	Insurance services or other organization that provides some or all of thinstructions.)	ne benefits under the pl	an? (See	10e	×				476
f	Has the plan failed to provide any benefit when due under the plan?			10f		ж			
'	Did the plan have any participant loans? (If "Yes," enter amount as of	veer and)		10g	x		T 11		28,149
y	If this is an individual account plan, was there a blackout period? (See			109					
	2520.101-3.)			10h		x			573.24
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one of	the	10i					
ран	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see instruc	tions and complete	Sch	edule	SB (Fo	orm	□Yes	x No
	is this a defined contribution plan subject to the minimum funding requ (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 a granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule M.	e.)` mortized in this plan ye	ar, see instructions	s, and	i ente	the da	ate of the lette	r ruling (ear	X No
	Enter the minimum required contribution for this plan year				. Γ	12b	T		
b	Enter the amount contributed by the employer to the plan for this plan				. l	12c		- III	
c d	Subtract the amount in line 12c from the amount in line 12b. Enter the		sign to the left of a		Ť	12d			
-	negative amount)		· · · · · ·	• •	٠ ل	120			
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .	<u></u>	•			Yes	No	□N/A
2016	Plan Terminations and Transfers of Assets								E-1.
13a	Has a resolution to terminate the plan been adopted during the plan ye						<u>,</u>	Yes	⊠Nο
	If "Yes," enter the amount of any plan assets that reverted to the empl			<u>:</u>	• 1	13a			
ь с	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	<i></i>			-	ol • • •		∐Yes	X No
13c(1) Name of plan(s);							EIN(s)	13c(3)	PN(s)
	and the same as beautiful.								
Caut	on: A penalty for the late or incomplete filing of this return/report	: will be assessed unl	ess reasonable c	ause	is es	tabiist	ned.		
Unde ŞB o	penalties of henury and other penalties set forth in the instructions, I do Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have exam	ined this return/rep	ort, ii	ncludii	ng, if ar	oplicable, a S	chedul e je and	
Sic		PAGMI	MARC CONRAD						
	Signature of plan administrator	Date,	Enter name of ind	lividu	al sigr	ing as	plan administ	rator	
1 000 0101 077		-/- (2/3)							

Enter name of individual signing as employer or plan sponsor