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				
	calendar plan year 2010 or fisc		0	and ending 1	0/31/2	2011
A 1	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	Γhis return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plar	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	☐ Form 5558 ☐	automatic	extension	,	DFVC program
	Sheek box it filling under.	special extension (enter description	ı	, extension		
Pa	rt II Basic Plan Infor	mation—enter all requested inform	,			
	Name of plan	mation—enter all requested inform	lation		1b	Three-digit
	TOM CHEMICAL COMPANY, I	INC. 401(K) PLAN				plan number 001
		. ,				(PN) ▶
					1c	Effective date of plan 11/01/1998
		ress (employer, if for single-employer	plan)		2b	Employer Identification Number
	AULT ENTERPRISES, INC. FOM CHEMICAL COMPANY, I	INC			20	(EIN) 91-1924296 Plan sponsor's telephone number
P.O. I	BOX 547				20	509-349-7000
MOSI	ES LAKE, WA 98837				2d	Business code (see instructions) 541990
	Plan administrator's name and	d address (if same as Plan sponsor, e P.O. BOX 54		e")	3b	Administrator's EIN
	TOM CHEMICAL COMPANY, I			337	3c	Administrator's telephone number 509-349-7000
4 If	the name and/or FIN of the pla	lan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	
	•	er from the last return/report. Sponso		per med tel time plan, emel tile		
					4c	1
		at the beginning of the plan year			5a	9
		at the end of the plan year			5b	4
С		with account balances as of the end of		•	5c	4
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b		the annual examination and report of				
		(See instructions on waiver eligibility		•		^ Yes No
Pa	rt III Financial Inform	her 6a or 6b, the plan cannot use Fo	Orm 5500-	SF and must instead use Form 55	JU.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
			. 7a	313149)	214949
	Total plan liabilities		. 7b			
С	Net plan assets (subtract line	7b from line 7a)	. 7с	313149)	214949
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rece	eivable from:				•
			. 8a(1)	11863	_	
	• •		. 8a(2)	11003	<u>-</u>	
		s)		9090	_	
	` ,			3030	<u>'</u>	20953
_		, 8a(2), 8a(3), and 8b) rollovers and insurance premiums	. 8c			20303
	to provide benefits)		. 8d	119153		
е	Certain deemed and/or correct	ctive distributions (see instructions)	. 8e		_	
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f		_	
g	·		. 8g			4401=0
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			119153
						00000
!	` , `	ne 8h from line 8c)see instructions)				-98200

11/	Dian Characteristics		
Fo	orm 5500-SF 2010	Page 2-	

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

2E 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir the	e plan provides welfare benefits, enter the applicable welfare fleature codes from the List of Plan Chara	icteris	tic Co	aes in	tne insi	tructions	:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					941
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				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		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		Pension Funding Compliance			<u> </u>				
1	Is th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	П No
2		"						Yes	No No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction .	302 Of	EKISA	·	165	
а	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc							
lf v	-	nting the waiverMon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	u		Бау		166	ıı	
		er the minimum required contribution for this plan year		[12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year		[12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a	Ī	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	s	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 "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought one PBGC?	under	the co	ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Во	r Ġch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.				· .			
SIGI	F	iled with authorized/valid electronic signature. 02/22/2012 FRED D. LEGAU	LT						

SIGN	Filed with authorized/valid electronic signature.	02/22/2012	FRED D. LEGAULT
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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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

	rt I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 11/01/2010)	and ending 1	0/31/2	011
Αī	his return/report is for: Single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final return	/report		
	an amended return/report	short plan	year return/report (less than 12 mon	nths)	
C	Check box if filing under: Form 5558	automatic e	extension	1	DFVC program
	special extension (enter description				
Da	rt II Basic Plan Information—enter all requested informa				
	Name of plan	attori		1b	Three-digit
	FOM CHEMICAL COMPANY, INC. 401(K) PLAN				plan number
	ion one more book fully, more territy, but				(PN) ▶ 001
				1c	Effective date of plan 11/01/1998
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
	AULT ENTERPRISES. INC.				(EIN) 91-1924296
	FOM CHEMICAL COMPANY, INC. BOX 547		3	2c	Plan sponsor's telephone number 509-349-7000
	ES LAKE WA 98837			2d	Business code (see instructions)
					541990
3a SAM	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same"	')	3b	Administrator's EIN 91-1924296
			ļ	3с	Administrator's telephone number 509-349-7000
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/ren	ort filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report. Sponso		,		The Control of the Co
	or the compact twin a compact to the			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	4
С	Total number of participants with account balances as of the end of complete this item)			5c	4
6a	Were all of the plan's assets during the plan year invested in eligib				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				X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-S	F and must instead use Form 55	00.	
	The state of the s	T 1		1	
7	Plan Assets and Liabilities		(a) Beginning of Year 313149	_	(b) End of Year 214949
a	Total plan assets		0.101.10	-	E PENTA
b	Total plan liabilities		313149		214949
V388	Net plan assets (subtract line 7b from line 7a)	7c		-	1980 288 ABRICAN
	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)	11863	3	
	(3) Others (including rollovers)			_	
b	Other income (loss)		9090)	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		90,000,000		20953
ď	Benefits paid (including direct rollovers and insurance premiums		50 all		3 - 3000 - 3000 - 3000
0.577	to provide benefits)	. 8d	119153	3	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	2000-1		
f	Administrative service providers (salaries, fees, commissions)	. 8f		_	
	Other expenses.	. 8g			
g					
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			119153
100	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)				119153 -98200

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Dage	2-	1
Page	<u>~</u> -	1

Part IV	Plan Characteris	tics
rantiv	rian Characteris	LICS

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

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

	.,	0								
Part		Compliance Questions			-	V	T			
10		ng the plan year: there a failure to transmit to the plan any participant contributions v	uithin the time neric	d donochod in [_	Yes	No	Ar	nount	
	29 (CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary	Correction Program	1)	10a		Х			
b		e there any nonexempt transactions with any party-in-interest? (Do ne 10a.)			10b		x			
C	Was	s the plan covered by a fidelity bond?			10c	Х				50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelit ishonesty?			10d		х			
е	insu	e any fees or commissions paid to any brokers, agents, or other pe rance service or other organization that provides some or all of the actions.)	benefits under the p	olan? (See	10e	х				941
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 y	ear end.)		10g		Х			-
h		is is an individual account plan, was there a blackout period? (See i		CFR	10h		х	-		
i		th was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	 Managed Agency Community of State Community of the Community	22/2/17/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	10i					
Part	VI	Pension Funding Compliance								
11	is th	is a defined benefit plan subject to minimum funding requirements?							Yes	No
12	Is th	nis a defined contribution plan subject to the minimum funding requ	irements of section	412 of the Code	or se	ction	302 of E	ERISA?	Yes	X No
	If a v	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. waiver of the minimum funding standard for a prior year is being am ting the waiver.	nortized in this plan	Mont	tions	, and	enter the	e date of the	letter ruli	ng
15	7	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB								
b	Enle	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan y				····	12c			
	nega	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)			******	1711	12d	1 [5		1
		the minimum funding amount reported on line 12d be met by the fu	inding 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 ye	ar or any prior year	?				Ta T	Yes	X No
3 ±		es," enter the amount of any plan assets that reverted to the emplo					13a			
b	of th	re all the plan assets distributed to participants or beneficiaries, tran							Yes	No.
С		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	iis pian to another p	nan(s), identity tr	ie hie	111(S) L	,			
-	13c(1) Name of plan(s):				13	3c(2) El	N(s)	13c(3)	PN(s)
			-3%	70-22						
Caut	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonab	le ca	use is	establ	lished.	Į.	
Unde SB o	er per or Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	xamined this retu	ım/re	port, i	ncludin	g, if applicat	ole, a Sch nowledge	edule and
SIG		shed Degrees PRES 1	\$ 131/12	FRED D. LEGA	ULT	8				
HEF		Signature of plan administrator	Date	Enter name of in	ndivid	lual si	gning a	s plan admir	istrator	
SIG	N			2222						
HEF	1	Signature of employer/plan sponsor	Date	Enter name of in	ndivid	iual si	onino a	s employer o	or plan sp	onsor