	Form 5500-SF Short Form Annual Return/Report of Small Employee							
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Em				0	2011		
Department of Labor Retirement Income Security Act of 1974					This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form						Inspection		
		entification Information						
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011		
Α -	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
<b>B</b> -	This return/report is:	the first return/report	the final r	eturn/report				
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter descriptio	n)					
Pa	rt II Basic Plan Inform	nation—enter all requested informa	ation			· ·		
	Name of plan				1b	Three-digit		
SUPE	RIOR ELECTRIC RETIREMEN	IT PLAN				plan number (PN) ▶ 001		
					1c	Effective date of plan		
						09/01/2002		
	Plan sponsor's name and addre	ess; include room or suite number (er CO., INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-1662557		
1100	9 - 22ND AVE. E.				2c	Sponsor's telephone number 253-539-7600		
	DMA, WA 98445				2d	Business code (see instructions) 238210		
	Plan administrator's name and RIOR ELECTRIC SYSTEMS C	address (if same as plan sponsor, er O., INC. 11029 - 22ND		")	3b	Administrator's EIN 91-1662557		
		TACOMA, WA	\ 98445		3c	Administrator's telephone number 253-539-7600		
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
2	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c			
		the beginning of the plan year			40 5a	PN4		
<ul><li>5a Total number of participants at the beginning of the plan year</li><li>b Total number of participants at the end of the plan year</li></ul>						3		
<ul><li>b Total number of participants at the end of the plan year</li><li>c Number of participants with account balances as of the end of the p</li></ul>					5b			
				•	5c	3		
6a	6a Were all of the plan's assets during the plan year invested in eligible as			(See instructions.)		Yes 🗌 No		
b	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.)							
		er 6a or 6b, the plan cannot use Fo						
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	708853		691218		
b	Total plan liabilities		7b					
C	Net plan assets (subtract line 7	b from line 7a)	7c	708853		691218		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or recei	vable from:	8a(1)	9987				
			8a(2)	35700				
			8a(3)					
b	Other income (loss)			-63319				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			-17632		
d		ollovers and insurance premiums		3				
•	. ,		8d		_			
e f		ive distributions (see instructions) s (salaries, fees, commissions)	8e 8f		-			
י מ		s (salaries, rees, commissions)	81 8g		-			
g h	·	Be, 8f, and 8g)	oy 8h		-	3		
i		e 8h from line 8c)				-17635		
j		e instructions)	8j					
			oj					

Page 2 - 1

## 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:

## 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:

Part	V	Compliance Questions						
10	D	uring the plan year:		Yes	No	A	mount	
а	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)							
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)							
С								40000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)				x			
f	Ha	Has the plan failed to provide any benefit when due under the plan?			Х			
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	10h		х			
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))					Yes	No
lf y	(If If a gra <b>you</b>	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- anting the waiver	ctions, th	, and (	enter th	ne date of the		lling
С	Er	ter the amount contributed by the employer to the plan for this plan year			12c			
d	· · · · · · · · · · · · · · · · · · ·							
е	W	II the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VI	Plan Terminations and Transfers of Assets						
13a	Ha	as a resolution to terminate the plan been adopted in any plan year?			<u> </u>	Yes X No		
	lf '	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								× No
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	)			
13c(1) Name of plan(s): 13c(3) PN(s)								<b>)</b> PN(s)
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		

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.	05/24/2012	ROBERT GRAVES
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 Short Form Annual Return/Report of Small Em Benefit Plan						OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	1		clions 104 and 4065 of the Employed		2	2011	
	Department of Labor oyee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of						
25256085	ion Benefil Guaranty Corporation		dance with	the instructions to the Form 5500	)-SF.		pecton	
Part	I Annual Report le	dentification Information al plan year beginning 01/01/201	4	and ending 1	2/31/	2011		
		X a single-employer plan			2/01/			
	s return/report is for:			employer plan (not mulliemployer)	ę	a one-partici	pant plan	
<b>B</b> Thi	s return/report is:	the first return/report		elurn/report		Ň.		
22		an amended return/report	18	n year return/report (less than 12 mo	onins	( —		
C Check box if filing under:						DFVC progra	im	
		special extension (enter description		- under under Statistical der		2.		
Part		mation—enter all requested inform	ation		16	Three-digit	r <u> </u>	
	ame of plan NOR ELECTRIC RETIREME	ENT PLAN			IJ	plan number (PN)	001	
					1c	Effective date o 09/01/2		
2a PI SUPER	an sponsor's name and add	ress; include room or suite number (e CO., INC.	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 91-166		
11029 -	22ND AVE. E.				2c	Sponsor's telep 253-539		
	A WA 98445				2d	238210		
3a PI SAME	an administrator's name and	l address (if same as plan sponsor, e	nter "Same	v)		Administrator's 91-166	2557	
					3c	Administrator's 253-53	telephone number 9-7600	
		plan sponsor has changed since the	last return/r	eport filed for this plan, enter the	4b	EIN		
		ber from the last return/report.			Ac	PN	-	
	oonsor's name otal number of participants a	It the beginning of the plan year				10		
	5 B	at the end of the plan year			5b		3	
	2 3	ccount balances as of the end of the				1-345 - W - 12		
c	omplete this item)				5c		3	
b A u	re you claiming a waiver of I nder 29 CFR 2520.104-46?	during the plan year invested in eligit the annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use F	an indepen and condili	dent qualified public accountant (IQ ons.)	••••••		X Yes Nc	
Part	III Financial Inform	ation						
-	lan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
			Participants.	708853			691218	
	*		2011 - C	708853			691218	
		7b from line 7a)	. 7c			4.)		
	ncome, Expenses, and Trans contributions received or rece			(a) Amount		(0)	Total	
			. 8a(1)	9987				
(2	2) Participants		. 8a(2)	35700	_			
		s)						
				-63319				
	entre and a second s	, 8a(2), 8a(3), and 8b)	. 8c				-17632	
		I rollovers and insurance premiums		3				
		clive distributions (see instructions)						
		ers (salaries, fees, commissions)	2					
<b>g</b> c	)(her expenses		. 8g					
h T	otal expenses (add lines 8d,	, 8e, 8f, and 8g)	<u>8h</u>				3	
	2 2 2	ne 8h from line 8c)				· · · · · · · · · · · · · · · · · · ·	-17635	
jт	ransfers to (from) the plan (s	see instructions)	· 8j					

Form 5500-SF 201	1	
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Page 2 - 1

	Par	rt IV	Plan Characteristics			and the state					
100	9a		an provides pension benefits, enter the applicable pension fe 3 2J 2K 2T 3D	ature codes from the	List of Plan Char	acteris	stic Co	ides in	the instructi	ons:	
	b	lf the pl	an provides welfare benefits, enter the applicable welfare fea	lure codes from the L	ist of Plan Chara	cterist	ic Cod	les in tl	he instructio	ns:	
	Part	tV C	compliance Questions								
1	10	During	the plan year:				Yes	No	ļ 4	mount	
	а		nere a failure to transmit to the plan any participant contributions and DOL's Voluntary Fiduci			10a		x			
	b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
	C	Was t	he plan covered by a fidelity bond?			10c	X				40000
	d		e plan have a loss, whether or not reimbursed by the plan's fin nonesty?			10d		x			
	e										
	f	Has th	e plan failed to provide any benefit when due under the plan?	·		10f		X			
	g	Did the	e plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		X			
	h		is an individual account plan, was there a blackout period? (S			10h		x			
	i		was answered "Yes," check the box if you either provided the tions to providing the notice applied under 29 CFR 2520.101-			10i					
	Part		ension Funding Compliance								
	11	ls this	a defined benefit plan subject to minimum funding requirement								ΠNO
(6))	40		a defined contribution plan subject to the minimum funding re-							Yes	
	12		s," complete 12a or 12b, 12c, 12d, and 12e below, as applica			3 01 56	souon .	302 Ur	ERIOA!	П	
	а	If a wa	iver of the minimum funding standard for a prior year is being the waiver.	amortized in this plan	n year, see instru Mor	ctions 1th	, and e	enter th Day	te date of the	e letter ru 'ear	ıling
	lf		npleted line 12a, complete lines 3, 9, and 10 of Schedule								
	b	Enter t	he minimum required contribution for this plan year					12b	а.		
	C		the amount contributed by the employer to the plan for this pla					12c			Sec. 10
	d	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)					•				
Ur	е	Will the	e minimum funding amount reported on line 12d be met by th	e funding deadline?	•••••••••••••••••••••••				Yes	No	N/A
	Part	t VII	Plan Terminations and Transfers of Assets								
	13a	a Hasa	resolution to terminate the plan been adopted in any plan year? .			·····		)	res 🛛 No	1	
			," enter the amount of any plan assets that reverted to the en	and the second			I3a		dia,		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?											
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) PM						I) PN(s)				
•	Cau	ition: A	penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonat	ole ca	use is	establ	lished.		
	SB c	or Sched	ties of perjury and other penalties set forth in the instructions tute MB completed and signed by an enrolled actuary, as wel ue, correct, and complete.	I declare that I have as the electronic ver	examined this rel sion of this return	urn/re /repor	port, iı t, and	ncludin to the l	g, if applicat best of my k	ile, a Scl nowledge	nedule e and
Ì			let the a	15-11-12	DODEDT ODA	VED					
1	SIG	× ×		13-110-12	ROBERT GRA	IVE O					

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