	Form 5500-SF		Return/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089			
				ctions 104 and 4065 of the Employee	2	2011			
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	f 1974 (ER	974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).			f This Form is Open to Public Inspection		
	ension Benefit Guaranty Corporation		dance witl	h the instructions to the Form 5500)-SF.		pection		
		entification Information	0	and anding of	2/04/	2042			
-	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			3/01/2				
	This return/report is for:			e-employer plan (not multiemployer)		a one-particip	bant plan		
B	This return/report is:	the first return/report		eturn/report					
_		an amended return/report		an year return/report (less than 12 mo	onths)	_			
C	Check box if filing under:	Form 5558		extension		DFVC progra	m		
		special extension (enter description							
		nation—enter all requested inform	ation		46				
	Name of plan RAD INDUSTRIES, INC., 401K)	PROFIT SHARING PLAN			10	Three-digit plan number			
CON	(AD INDUSTRIES, INC., 401K)					(PN)	002		
				-	1c	Effective date of	f plan		
						01/01			
2a CON	Plan sponsor's name and addre	ess; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identii (EIN) 91-06			
121 N	IELHART ROAD				2c	Sponsor's telep 360-74			
	HALIS, WA 98532				2d	Business code (48412			
	Plan administrator's name and RAD INDUSTRIES, INC.	address (if same as plan sponsor, e	RT ROAD	.")	3b	Administrator's 91-06	EIN 77449		
		CHEHALIS, V	WA 98532		3c	Administrator's 1 360-748	elephone number 3-6936		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name	er nom me last return/report.			4c	PN			
	•	the beginning of the plan year			5a		9		
b	b Total number of participants at the end of the plan year				5b	0			
C Number of participants with account balances as of the end of the p					0.0				
	complete this item)				5c		0		
	6a Were all of the plan's assets during the plan year invested in eligible			· · · · · · · · · · · · · · · · · · ·			X Yes No		
D				ndent qualified public accountant (IQF ions.)			X Yes 🗌 No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Informa	ation		Γ					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End			
a	Total plan assets		. 7a	92368	_		0		
b	•			00000			0		
		'b from line 7a)	. 7c	92368					
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount	_	(b) 1	otal		
а			. 8a(1)						
	(2) Participants								
	(3) Others (including rollovers))							
b	Other income (loss)		. 8b	4702					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				4702		
d		ollovers and insurance premiums	. 8d	97070					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e						
f	Administrative service provider	s (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)					97070		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-92368		
j	Transfers to (from) the plan (se	ee instructions)	. 8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 2F 2G 2J 3D 3H
```

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	During the plan year:		Yes	No	Æ	mount		
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		×				
b	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no line 10a.)							
С	Was the plan covered by a fidelity bond?	10c		Х				
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		Х				
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.)						544	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				0	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
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 com 5500))					Yes X	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X	No	
а	 (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 amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 							
lf y	ou 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				
С	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 energative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			XY	′es No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				0	
b						No		
C	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.)							
1	3c(1) Name of plan(s):		13	c (2) El	N(s)	13c(3) PN	l(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	establ	ished.	<u>.</u>		

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.	10/11/2012	MARC CONRAD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2012	MARC CONRAD
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF	Short Form Annual	Return/I	Report of Small Employ	ee	(OMB Nos. 1210-(1210-(
	Department of the Treasury Internal Revenue Service	Benefit Plan				2011					
This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 605											
Er	nployee Benefits Security Administration			Open to Publi section							
	Pension Benefit Gueranty Corporation		ordance wit	h the instructions to the Form 5500	D-SF.						
		lentification Information	/-								
Fo	the calendar plan year 2011 or fis		_	1/2012 and ending	, 	/01/2012					
Α	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)	L] a one-participan	t plan				
В	This return/report is:	the first return/report	x the final re	eturn/report							
		an amended return/report	x a short pla	an year return/report (less than 12 mont	ths)	_					
C Check box if filing under:						DFVC program					
		special extension (enter descriptio	n)								
P	art II Basic Plan Inform	mation enter all requested info	ormation.								
1 a	Name of plan				1 b т						
	Conrad Industries, In	ac., 401k) Profit Sharin	ng Plan		plan number (PN) ► 002						
					1c Effective date of plan						
_		· · · · · · · · · · · · · · · · · · ·				1/01/1990					
Za	 Plan sponsor's name and addres Conrad Industries, In 	s; include room or suite number (en vol.	nployer, if for	single-employer plan)	2b Employer Identification Number						
	,				(EIN) 91-0677449						
					2C Plan sponsor's telephone number (360) 748-6936						
	121 Melhart Road				2d Business code (see instructions)						
US	Chehalis	WA 98532			4	84120	,				
3a	Plan administrator's name and ad	ddress (lf same as plan sponsor, eni	ter "Same")		3b Administrator's EIN						
	Same										
					3C A	dministrator's tele	phone number				
4		n sponsor has changed since the la	st return/repc	rt filed for this plan, enter the	4b E	IN					
2	name, EIN, and the plan number Sponsor's Name	from the last return/report.		ŀ	4с Р	N					
		e beginning of the plan year 🔒 🔒			5a 9						
b		e end of the plan year									
¢	• • • • • • • • • • • • • • • • • • • •	unt balances as of the end of the pla	• •		E.c.						
62		ng the plan year invested in eligible :			5c		0 X Yes No				
	•	annual examination and report of an			+ -	+ -	wiles Link				
		e instructions on waiver eligibility ar			• •		🗶 Yes 🗌 Ni				
<u> </u>		6a or 6b, the plan cannot use For	rm 5500-SF a	and must instead use Form 5500.							
	art III Financial Informa	ation	1								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of `					
a L	Total plan assets		. 7a	92,368			0				
b	Total plan liabilities	· · · · · · · · · · · · · ·	- <u>7b</u>	02.200							
<u>c</u> 8	Net plan assets (subtract line 7b Income, Expenses, and Transfers		7 c	92 , 368 (a) Amount	1	(b) Tot					
a	Contributions received or receival			(u) raiount	1. Charles						
	(1) Employers		. 8a(1)								
	(2) Participants		. \$a(2)								
L	(3) Others (including rollovers).		. 8a(3)		-						
þ	Other income (loss)		. 8b	4,702		<u>al aparten a</u> nte	<u></u>				
c d	Total income (add lines 8a(1), 8a Benefits paid (including direct roll		. <u>8c</u>	<u>an an a</u>		gi kilan Matan Jawa, Kata	4,702				
	to provide benefits)		. <u>8d</u>	97,070							
e	Certain deemed and/or corrective	distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	· · · · · · · · · · · · · · · · · · ·	. 8g	n an		<u> 1996 - San Alde</u> Ba					
h :	Total expenses (add lines 8d, 8e,		. 8h	in dia kaominina dia kaominina dia mpikambana amin'ny fisiona dia mampiasa. Ny faritr'ora dia mampiasa dia mampiasa dia kaominina dia mampiasa dia mampiasa dia mampiasa dia mampiasa dia m			97,070				
:		h from line 8c).		u an an an antar tana da 1999 na ang 2009 na ang 20	e Rotes et	Sower Landson and	(92,368)				
Fo	Transfers to (from) the plan (see r Paperwork Reduction Act Notio	instructions) ce and OMB Control Numbers, se	e the instruc	tions for Form 5500-SF.	<u> </u>	<u>, de l'an de le 10</u>	5500-SF (201				

[

Form 5500-SF 2011

Page 2-

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 2F 2G 2J 3D 3H

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

Par	V Compliance Questions						
10	During the plan year:			Yeş	No	Ar	nount
а	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary 0			a	x		
þ	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a,)			ь	x		
c	Was the plan covered by a fidelity bond?		10	c	x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	y bond, that was cau	used by fraud		x	1	
e	Were any fees or commisions paid to any brokers, agents, or other pers insurance services or other organization that provides some or all of the instructions.)	e benefits under the		e, x			5
f	Has the plan failed to provide any benefit when due under the plan?		10	f	x	ļ	
ġ	Did the plan have any participant loans? (If "Yes," enter amount as of ye	sarend.)		a x		İ	
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)	nstructions and 29 C		_	x		
ī	If 10h was answered "Yes," check the box if you either provided the requesceptions to providing the notice applied under 29 CFR 2520.101-3						
Part	VI Pension Funding Compliance		······································				
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))				-		Yes XN
12	Is this a defined contribution plan subject to the minimum funding requir	rements of section 4	12 of the Code or section	on 302 c	f ERIS	A?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	1					
a	If a walver of the minimum funding standard for a prior year is being amorganting the waiver		Month _				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and s	skip to line 13.	Г		•	
b	Enter the minimum required contribution for this plan year			· - -	12b		
c d							
-				•		Yes [
Part	Will the minimum funding amount reported on line 12d be met by the fun	naing desquine? .		• -	• •		
13a	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employ		• • • • • • • • •			<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another pla	an, or brought under the				XYes Mr.
¢	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another pla	an(s), identify the plan(s) to			
1	3c(1) Name of plan(s);			13	c(2) El	N(s)	13c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report wi	ill he assessed un	less reasonable caus	ie aet:	bliebe	, J	
Under SB or (penalties of penury and other penalties set forth in the instructions, I decla ichedule MS completed and signed by an enrolled actuary, as well as the t is true, correct, and complete.	are that I have exam	nined this return/report,	including	, if app	olicable, a Sch	
SIGN		16/11/12	MARC CONRAD				
HER		Date	Enter name of individu	al signir	ig as p	lan administra	itor
SIGN		10/11/12	MARC CONRAD	8	<u>, r</u>		
HER		Date	Enter name of individu	al síonio	n ac ai	molover or pla	เก รถดุกรถา

[