Form 5500-SF

Department of the Treasury

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

2009

This Form is Open to Public Inspection

Annual Report Identification Information 06/30/2010 For calendar plan year 2009 or fiscal plan year beginning and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number LEE FABRICATORS, INC. 401(K) PROFIT SHARING PLAN 003 (PN) ▶ 1c Effective date of plan 07/01/2003 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number LEE FABRICATORS, INC. 91-1298533 (EIN) 2c Plan sponsor's telephone number 360-692-1190 P.O. BOX 1130 SILVERDALE, WA 98383 2d Business code (see instructions) 332900 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN LEE FABRICATORS, INC. P.O. BOX 1130 91-1298533 SILVERDALE, WA 98383 **3c** Administrator's telephone number 360-692-1190 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b 0 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 787644 0 a Total plan assets..... 7a Λ **b** Total plan liabilities..... 7b Net plan assets (subtract line 7b from line 7a)..... 7с 787644 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 4429 8a(1) (1) Employers 25465 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 118024 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 147918 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 935562 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -787644 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Charac	teristics

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

2E 2F 2J 3E

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

	ii tiie		iciens	110 000	163 III	ine mstru	Clions.		
art	٧	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		Amo	unt	
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		Χ				
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					60000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, prance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х				
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		The 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		X				
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					🔲	Yes	X No
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.	. 🔲	Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
lf y	ou c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		ı			
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	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?		<u></u>			X	Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ntrol 		X	Yes	☐ No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):					13c(2) EIN(s)			PN(s)
:auti	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ISA İS	estahl	ished			
Jnde	r pen	lalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retired to the MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	oort, in	cludin	g, if appli			
		true, correct, and complete.						3,	

SIGN	Filed with authorized/valid electronic signature.	08/16/2010	DARREL LEE				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	08/16/2010	DARREL LEE				
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

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

2009

This Form is Open to Public Inspection.

_	Part I Annual Report Identification Information										
Fo	r the calendar plan year 2009 or fiscal plan year beginning	200	9-07-01	and ending	20	10-06-30					
Α	This return/report is for: x single-employer plan	multiple-	employer plan	(not multiemployer)	Γ	lan					
В	This return/report is for: first return/report		ım/report		L	one-participant p	ian				
	an amended retum/report	short pla	ın year return/re	port (less than 12 mon	ths)						
С	Check box if filing under: Form 5558	–	ic extension		,	DFVC program					
	special extension (enter description	on)			L] or vo program					
P	art II Basic Plan Information enter all requested info	omotion.			·						
1a	Name of plan	omation.			1h ·	Three-digit					
	LEE FABRICATORS, INC. 401(K) PROFIT SHARING P					olan number					
	TOTAL PROFIT SHARING P	LAN			(PN) ▶ 003						
_					1c Effective date of plan 2003-07-01						
2a	or and address (criployer, it for single-employer	plan)	****		2b Employer Identification Number						
	LEE FABRICATORS, INC.				(EIN) 91-1298533						
	P.O. BOX 1130				2c	Plan sponsor's telep	hone number				
US	SILVERDALE WA 98383					(360) 692-1190 Business code (see					
3a	70303		. W\		3	332900	mstructions)				
	Same	enter "Same	∍")		3b /	Administrator's EIN					
					3C A	dministrator's telepi	hone number				
4	If the name and/or FIN of the all-										
•	If the name and/or EIN of the plan sponsor has changed since the la name, EIN and the plan number from the last return. Sponsor's Nam	ıst return/re ıe	port filed for this	s plan, enter the	4b E	in					
<u> </u>					4c PN						
5a b					5a		4				
c	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the complete this item.	the plan year	· · · · ·	* * * * * * * * * * * * * * * * * * *	<u>5b</u>		0				
	complete this item)				5c		0				
6a	were all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)			· · · . x	Yes No				
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	independe	ent qualified pub	lic accountant (IQPA)		_					
	If you answered "No" to either 6a or 6b, the plan cannot use Form	m 5500-SF	S.) and must inste	ad use Form 5500	• •	· · · · <u> x</u>	Yes No				
Pa	rt III Financial Information			, aa ase i oini 5500.							
7	Plan Assets and Liabilities		(a) B	eginning of Year		(h) E-d -4 V-					
а	Total plan assets	. 7a	(/ 5.	787,644		(b) End of Ye					
b	Total plan liabilities	. 7b		787,044			0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c		787,644	 						
8	Income, Expenses, and Transfers for this Plan Year			a) Amount	 	/b3 T. b. l	0				
а	Contributions received or receivable from:			ay ranount	76	(b) Total					
	(1) Employers	. 8a(1)		4,429							
	(2) Others (instrution will account)	. 8a(2)		25,465							
b	(3) Others (including rollovers)	. <u>8a(3)</u>									
C		· 8b	CONCIDENCE PROPERTY	118,024							
ď	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	· 8c					147,918				
	to provide benefits)	. 8d		935,562							
е	Certain deemed and/or corrective distributions (see instructions)	8e		233,302							
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					935,562				
	Net income (loss) (subject line 8h from line 8c)						87,644)				
	Transfers to (from) the plan (see instructions)						15200/2020-0000/0000				

	Form 5500-SF (2009)			P	age 2-						
Par	rt IV Plan Characteristic	S									
9a	If the plan provides pension benefit		ension feature codes	from the Lis	t of Plan Chara	acteristic	Codes	in the	instructions:		
b	2E 2F 2J 3E If the plan provides welfare benefits	s, enter the applicable w	elfare feature codes fr	rom the List	of Plan Charac	teristic C	odes in	the ir	structions:		
Pai	rt V Compliance Questio	ns		****							
10	During the plan year:						Yes	No	А	mount	
a		the plan any participant	contribution within the	e time perio	d described in	40-		х			
b	29 CFR 2510.3-102? (See instruction Were there any nonexempt trans	ctions and DOL's Volunt actions with any party-ir	ary Fiduciary Correction i-interest? (Do not incl	on Program) ude transac	tions reported	. 10a					
	on line 10a.)		• • • • • • •			. 10b		x			
С	Was the plan covered by a fidelity	y bond?				. 10c	х				60,00
d		r or not reimbursed by th				· 10d		х			
е	Were any fees or commisions pa insurance services or other orgar instructions.)	nization that provides so	me or all of the benefit	ts under the	plan? (See	. 10e		x			
f	Has the plan failed to provide any					· 10f		х			
g	Did the plan have any participant	loans? (If "Yes," enter a	mount as of year end.	.)		· 10a		х			
h		n, was there a blackout	period? (See instruction	ons and 29	CFR			х			
i	If 10h was answered "Yes," chec exceptions to providing the notice	k the box if you either pre- applied under 29 CFR	ovided the required no 2520.101-3	otice or one	of the	. 10i					
	rt VI Pension Funding Co										
11	Is this a defined benefit plan subj	ect to minimum funding	requirements? (If "Yes	s," see instr	uctions and cor	nplete So	chedule	SB (F	orm	Yes	x No
12	Is this a defined contribution plan (If "Yes," complete 12a or 12b, 12	subject to the minimum	funding requirements								X No
a	granting the waiver					ictions, a			tate of the le	•	
lf	you completed line 12a, complete				-			·····			
b							` ⊢	12b			
c d	Subtract the amount in line 12c fr							12c 12d			
_	negative amount)				• • • •	• • •	· L				
Pari	Will the minimum funding amount VII Plan Terminations			eadline? .		• •	• • •	•	Yes	No	N/A
13a										x Yes	Пис
ısa	Has a resolution to terminate the If "Yes," enter the amount of any								• • • •	[A] TeS	No
b	Were all the plan assets distribute		·····					13 a ol			
С	of the PBGC?	s or liabilities were trans		another pla	an(s), identify th	e plan(s) to			X Yes	□No
	13c(1) Name of plan(s):						13c	(2) Ell	N(s)	13c(3)	PN(s)
Cauti	ion: A penalty for the late or incon	nplete filing of this retu	ırn/report will be ass	essed unle	ss reasonable	cause is	s estab	lished	<u>1</u>		
SB or	er penalties of perjury and other pena r Schedule MB completed and signe f, it is true, correct, and complete	alties set forth in the inst od by an enrolled actuary	ructions, I declare that	t I have example on the transfer of the transf	mined this return/re	rn/report, eport, and	includion	ng, if a	applicable, a of my knowle	Schedule edge and	
SIG		ê	18//	1111	TOIDE	1511		1 ,-	- L		
CHECK TO	RE Signature of plan administra	tor	Date	115	Enter name of	individua	l signin	n ae n	lan adminis	trator	

Date

Enter name of individual signing as employer or plan sponsor

SIGN

HERE Signature of employer/plan sponsor