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.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

For	Part I Annual Report Identification Information				
	r calendar plan year 2009 or fiscal plan year beginning 01/01	/2009	and ending 1	2/31/2	2009
Α	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
	an amended return/report	short plar	year return/report (less than 12 mo	nths)	
C	Check box if filing under:	- H	extension	,	DFVC program
J	special extension (enter desc	ш	Oxionolon		
D	<u> </u>	· /			
	Part II Basic Plan Information—enter all requested in Name of plan	tormation		1h	Three-digit
	AINLESS FASTENERS, INC. PROFIT SHARING PLAN			10	plan number
0.7.	and Edge in the Period in the Control of the Contro				(PN) • 001
				1c	Effective date of plan
					01/01/1993
	Plan sponsor's name and address (employer, if for single-emplanLESS FASTENERS, INC.	oyer plan)		26	Employer Identification Number (EIN) 91-1345881
SIA	MINEESS FASTENERS, INC.			2c	Plan sponsor's telephone number
	. BOX 98991				206-824-1484
SEA	ATTLE, WA 98198			2d	Business code (see instructions)
32	Dian administratoria nama and address (if same as Dian anana	or ontor "Come	."\	2 h	423700 Administrator's EIN
		X 98991	;)	30	91-1345881
	SEATTL	E, WA 98198		3с	Administrator's telephone number
					206-824-1484
	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Sp		port filed for this plan, enter the	4b	EIN
	name, 2m, and the plan names from the last return report. Op	ondor o namo		4c	PN
5a	Total number of participants at the beginning of the plan year.			5a	7
b	Total number of participants at the end of the plan year			5b	7
С	Total number of participants with account balances as of the e	nd of the plan y	ear (defined benefit plans do not	_	
	complete this item)			5c	7
	Were all of the plan's assets during the plan year invested in e	J	,		Yes No
b	Are you claiming a waiver of the annual examination and repo under 29 CFR 2520.104-46? (See instructions on waiver eligible				
	If you answered "No" to either 6a or 6b, the plan cannot u	,, aa ooa	ODS.)		X Yes No
		se Form 5500-	· ·		X Yes No
Pa	art III Financial Information	se Form 5500-	· ·		Yes No
Pa		se Form 5500-	· ·		(b) End of Year
	Plan Assets and Liabilities		SF and must instead use Form 55	00.	
7 a	Plan Assets and Liabilities		SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year
7 a	art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	7a	SF and must instead use Form 55 (a) Beginning of Year	00.	(b) End of Year
7 a b	art III Financial Information Plan Assets and Liabilities Total plan assets	7a	(a) Beginning of Year	00.	(b) End of Year
7 a b c	Plan Assets and Liabilities Total plan assets	7a 7b 7c	(a) Beginning of Year 99450 (a) Amount	00.	(b) End of Year 117061
7 a b c	Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1)	(a) Beginning of Year 99450 (a) Amount	00.	(b) End of Year 117061
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 99450 (a) Amount	00.	(b) End of Year 117061
7 a b c	Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 99450 (a) Amount 3074 11340	00.	(b) End of Year 117061
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 99450 (a) Amount	00.	(b) End of Year 117061 117061 (b) Total
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(a) Beginning of Year 99450 (a) Amount 3074 11340	00.	(b) End of Year 117061
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7 a b c 8 a b c	Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ns 8d 8s) 8e	(a) Beginning of Year 99450 (a) Amount 3074 11340 119000	00.	(b) End of Year 117061 117061 (b) Total
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7 a b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ns 8d 8s) 8e 8f 8g 8h	(a) Beginning of Year 99450 (a) Amount 3074 11340 119000	00.	(b) End of Year 117061 (b) Total 37317

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

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:

art	V Compliance Questions			ı				
0	During the plan year:	_	Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period describe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X					10861
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)			X				
С	Was the plan covered by a fidelity bond?	10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra or dishonesty?			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.)	10e		X				
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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109		X				
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							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection (302 of	ERISA?		Yes	X No
	(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 in granting the waiver.	Month						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Г					
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)			12d		<u> </u>	. F	1
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	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			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bround the PBGC?	ight under	the co	ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the pla	ın(s) to)		-		
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	nable ca	use is	establ	ished.			
B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined thir r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ref, it is true, correct, and complete.				J, II			
SIGI	Filed with authorized/valid electronic signature. 09/30/2010 DEAN E. JO	NES						
HER		of individ	ual sig	ning as	s plan adr	ninistra	ator	

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor

Short Form Annual Return/Report of Small Employee Benefit Plan

DENOTED GOERECKE

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

Emj	nloyee Benefits Security Administration	Internal Ro	evenue Co	de (lhe Code).		Inspection	
Pe	nsion Benefit Guaranty Corporation	Complete all entries in accord	ance with	the instructions to the Form 5500)-SF.	Mopection	
Pa	rt I Annual Report Identif	fication Information					
Forc	alendar plan year 2009 or fiscal plan	year beginning		and ending			
	ins return eport is tor.	<u> </u>	multiple-er final retum	nployer plan (not multiemployer)	[one-participant plan	
D I	IIIO (Otto i i i i o o o o o o o o o o o o o o	H		•	lhe)		
			•	year return/report (less than 12 mor	ınıs)	7	
Co	heck box if filing under: 🏻 🗵 Fon	m 5558	automatic	extension	l	DFVC program	
	☐ spe	ecial extension (enter description	n)				
Pai	t II Basic Plan Informatio	n-enter all requested informa	ıtion				
	Name of plan					Three-digit	
	ILESS FASTENERS, INC. PROFIT:	SHARING PLAN				plan number 001	
					4	V 147 7 1	
						Effective date of plan 01/01/1993	
2a	Plan sponsor's name and address (e	imployer, if for single-employer p	plan)			Employer Identification Number	
STAIN	NLESS FASTENERS, INC					(EIN) 91-1345881	
					24	Plan sponsor's telephone numbe 206-824-1484	#1
	3OX 98991 TLE WA 98198				2d	Business code (see instructions))
						423700	
3a SAME	Plan administrator's name and addre	ss (if same as Plan sponsor, er	nter "Same	")		Administrator's EIN 91-1345881	
					3с	Administrator's telephone number 206-824-1484	er
4 1/	the name and/or EiN of the plan spo		d columnic	nort filed for this plan, enter the	4b		
4 17	ame, EIN, and the plan number from	ithe fast return/report. Sponsor	r's name	out med for this plant, exiter the	40	CIN	
,,					4c	PN	
5a	Total number of participants at the b	eginning of the plan year			5a		7
b	Total number of participants at the e	nd of the plan year	,		5b		7
	Total number of participants with accomplete this item)	count balances as of the end of	the plan y	ear (defined benefit plans do not	5c		7
6a	Were all of the plan's assets during					X Yes	No
b	Are you claiming a waiver of the and	nual examination and report of a	an indepen	dent qualified public accountant (IQ	PA)	n	
_	under 29 CFR 2520.104-46? (See in	nstructions on waiver eligibility a	and condition	ons.)		X Yes [No
	If you answered "No" to either 6a		orm 5500-	SF and must Instead use Form 55	00.		
Pa	rt III Financial Information	<u>1</u>	1	<u></u>	-		
7	Plan Assets and Liabilities	!	<u> </u>	(a) Beginning of Year		(b) End of Year	
а	Total plan assets		7a	99450)	1170	61
	Total plan liabilities		7b				
C	Net plan assets (subtract line 7b from	m line 7a)	7c	99450)	1170	61
8	Income, Expenses, and Transfers for	or this Plan Year		(a) Amount		(b) Total	
_	Contributions received or receivable	from:					
	(1) Employers	.,	8a(1)	3074	_		
	(2) Participants	***************************************	8a(2)	1134(2		
	(3) Others (including rollovers)	*;************************************	8a(3)	113	늬		
b	Other income (loss)			22790	1		
	Total income (add lines 8a(1), 8a(2)		1			373	17
	Benefits paid (including direct rollove				.		
	to provide benefits)		. 8d	19000			
е	Certain deemed and/or corrective di		8e		3		
f	Administrative service providers (sa	ilaries, fees, commissions)	. 8f		_		
g	Other expenses	,	. 8g		_ _		
	Total expenses (add lines 8d, 8e, 8t					197	06
ì	Net income (loss) (subtract line 8h f					176	11
:	Transfers to (from) the plan (see ins						

Signature of employer/plan sponsor

Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Code 72 23 21 27 27 30 74 During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Code 75 20 21 27 27 30 76 During the plan pear Yes 76 During the plan pear Yes 77 Aves there a failure to Loranovia to the plan any participant contributions within the time period described in 76 20 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluciary Correction Program) 10 76 Was the plan covered by a fidelity bond? 10 10 10 10 10 10 77 During the plan pear 10 10 10 10 10 10 10 1			Form 5500-SF 2009	Pa	ge 2- 1						
9a if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cherecteristic Code 2E 23 2 18 27 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Code 2E 28 2 18 27 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Code 2E 28 2 18 27 30 b Using the plan year: a Was there a failture to transma to the plan any participant contributions within the irms period described in 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Flouriary Connection Program)											
b If the ptan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Code Part V Compiliance Questions Yes 1				un nadar from the l	int of Plan Cham	oloric	ic Co	dos in i	ha inclused	one:	
a Was there a failure to transmit to the plan arry participant contributions within the time period desortibed in 23 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)		2E	2G 2J 2K 2T 3D								
a Was there a failure to transmit to the plan arry participant contributions within the time period desortibed in 23 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	Da	-+ \/	Compliance Oregins								
a Was there a failure to transmit to the plan arry participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DDL's Voluntary Flouriany Correction Program) 10a × Was the plan covered by a fidelity bond? C Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity? E Ware any fees or commissions peld to any brokers, agents, or other persons by an insurance earrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions,) B Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity? B Ware any fees or commissions peld to any brokers, agents, or other persons by an insurance earrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions,) B Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						Ī	Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not retribursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions peld 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). It has the plan failed to provide any benefit when due under the plan? B Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		a W	as there a failure to transmit to the plan any participant contributions								
on line 10a.)	1					10a	<u> </u>				10861
d Did the plan have a loss, whether or not relmbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.)	•				1	10Ъ		х			
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instructions.) 10e	(10d		х			
ristructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	•	e W	ere any fees or commissions paid to any brokers, agents, or other pr surance service or other organization that provides some or all of the	ersons by an insura e benefits under the	nce carrier, plan? (See			v			
Did the ptan have any participant loans? (If "Yes," enter amount as of year end.)		in	structions.),	*** ***********************************		10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. Part VI Pension Funding Compliance 11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedul 5500)). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 30 (If "Yes," complete 12a or 12h, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and en granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to time 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year. 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). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. c If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the con 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 from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan	1							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		_	The state of the s	•		10g		X			
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedul 5500))	'					10h		×			
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granting the walver		(If									_
If you 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	i		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
C Enter the amount contributed by the employer to the plan for this plan year		a. If. or	a waiver of the minimum funding standard for a prior year is being ar	e.) mortized in this plan	year, see instruc	tions,	and e	enler th	e date of th	e letter rulin Year	9
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) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes." enter the amount of any plan assets that reverted to the employer this year. b Ware all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the con of the PBCC? 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(1) Name of plan(s): 13c(1) Name of plan(s): DEAN E. JONES	ı	gr	a waiver of the minimum funding standard for a prior year is being ar anting the waiver.	e.) mortized in this plan	year, see instruc	tions,	and e	enter the	e date of th	e letter rulin Year	9
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