	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service This form is required to be file			tions 104 and 4065 of the Employe	2010					
Department of Labor Retirement Income Security A			Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open to Public				
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						Inspection 00-SF.				
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/31/2010									
		single-employer plan		and ending 0 employer plan (not multiemployer)	0/31/2					
	This return/report is for:		one-participant plan							
Б	This return/report is for: if first return/report if final return/report Image: main and a mended return/report if short plan year return/report (less than 12 months)									
c	Check box if filing under: Form 5558 automatic extension DFVC program									
	C Check box if filing under: Special extension (enter description)									
Pa	Int II Basic Plan Inform	nation—enter all requested information								
	Name of plan	1b	Three-digit							
PACI	FIC WELDING SUPPLIES, LLC	401(K) PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
					01/01/2007					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b Employer Identification Number					
	S. M STREET				2c	(EIN) 91-0939329 Plan sponsor's telephone number 253-572-5302				
2902 S. M STREET TACOMA, WA 98409-8225						Business code (see instructions)				
3a CEN	Plan administrator's name and TRAL WELDING SUPPLY COM	3b	Administrator's EIN 91-0939329							
		3c	C Administrator's telephone number 253-572-5302							
	4 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									
I	name, EIN, and the plan numbe	4c PN								
5a Total number of participants at the beginning of the plan year						67				
b	Total number of participants at	5a 5b	0							
C	Total number of participants wi complete this item)	5c	0							
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b				ident qualified public accountant (IQI						
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	1017421						
b	Fotal plan liabilities			6488 1010933		0				
<u> </u>		blan assets (subtract line 7b from line 7a)			<u> </u>					
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
a			8a(1)	20918						
	(2) Participants		8a(2)	50650						
_	(3) Others (including rollovers)		8a(3)	10055	_					
b	(<i>'</i>			-13357		58211				
c d		Ba(2), 8a(3), and 8b) ollovers and insurance premiums	8c			50211				
u			. 8d	183366						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)		8f	3146						
g	•			_	400540					
h :		3e, 8f, and 8g)			186512 -128301					
i		8h from line 8c) e instructions)		-882632	,	120001				
,			8j	002002						

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2G 2J 2K 3D 2A 2E 2F
- **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	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 described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х				
b Were the		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		Х				
С	١	Nas the plan covered by a fidelity bond?	10c	X					40000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х				
e	ir	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 ×			2553		
f	F	Has the plan failed to provide any benefit when due under the plan?			Х				
g	D	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g X				0	
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X					
Part	۷	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								X No
12								No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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	yo	u 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	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)				12d				
е	V	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	V	I Plan Terminations and Transfers of Assets							
13a								X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
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	lf	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)						_	
13c(1) Name of plan(s): CENTRAL WELDING SUPPLY, INC. RETIREMENT PLAN					13c(2) EIN(s)			3c(3) F	PN(s)
					91-0939329			002	
Caut	io	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.			

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.	09/30/2010	MICHAEL DALE WILTON, JR.					
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					

Page 2-