## 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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•			
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	n/report							
_	The return report to for.	first return/report an amended return/report	] 1	year return/report (less than 12 mo	nths)				
C Check box if filling under:						DFVC program			
C	Sneck box if filing under:	, extension		brvc program					
		special extension (enter description							
		mation—enter all requested inform	nation		41				
	Name of plan	101/10 BLAN			1b	Three-digit			
LANZ	INDUSTRIAL WELDING, INC	5. 401(K) PLAN				plan number (PN) • 001			
					1c	Effective date of plan			
						01/01/2002			
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number			
LANZ	INDUSTRIAL WELDING, INC					(EIN) 52-7256315			
		_			2c	Plan sponsor's telephone number			
	NORTHEAST 222ND AVENU OX 820374	E			24	360-254-3664  Business code (see instructions)			
VAN	COUVER, WA 98682				24	238900			
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
LANZ	INDUSTRIAL WELDING, INC	9310 NORTI PO BOX 820		2ND AVENUE	_	52-7256315			
		VANCOUVE		82	3c	Administrator's telephone number 360-254-3664			
4 1	the name and/or FIN of the ni	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	<b>4b</b> EIN				
		er from the last return/report. Sponso		port med for this plan, enter the	40	EIIN			
		· · ·			4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	7			
b	Total number of participants a	t the end of the plan year			5b	4			
С	Total number of participants w	vith account balances as of the end o	f the plan y	rear (defined benefit plans do not					
	complete this item)				5c	3			
		during the plan year invested in eligib				Yes   No			
b		he annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No			
		ner 6a or 6b, the plan cannot use F							
Pa	rt III Financial Inform		0	or and muct motoda acc r crim co					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		. 7a	152720	)	203631			
b	. otal pian access			(	-	0			
C	•	7b from line 7a)		152720		203631			
8	Income, Expenses, and Trans		- 70	(a) Amount		(b) Total			
а	Contributions received or rece			(a) Alliount		(b) Total			
<u> </u>			. 8a(1)	375	5				
	(2) Participants		. 8a(2)	375	5				
	(3) Others (including rollovers	s)	. 8a(3)	0	0				
b	Other income (loss)		8b	50161	61				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			50911			
d	, , , ,	rollovers and insurance premiums							
	to provide benefits)		. 8d	(	)				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	(	)				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	(					
g	Other expenses		. 8g	(					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			0			
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			50911			
i	Transfers to (from) the plan (s	ee instructions)	. 8i	(					

Form 5500-SF 2009	Page <b>2-</b> 1
-------------------	------------------

Part IV	Plan	Charac	teristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2J

**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							
0	During the plan year:		Yes	No		An	nount	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					20000
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.)	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	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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?.		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 instruct granting the waiver.  Montlou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	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 left of negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	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?						Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				203361
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder	the co	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)					<b>13c(3)</b> PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde B o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli			
	and the state of t							

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	SAUNDRA LANZ					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/15/2010	SAUNDRA LANZ					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor

Employee Denefits Certainy Administration

503-885-9101;

Oct-15-10 11:49AM;

000 002 11 11

۲.۲ Page 3/4

Sent By: NTFS;

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 164 and 4065 of the Employee Redrement Income Security Act of 1974 (ERISA), and section \$168(a) of the Internal Ravanue Code (the Code).

OMB Nos. 1210-0110 1210-0039

2009

This Form is Open to Public inspection.

Pe	neion Benefit Gustanly Corporation	Complete atl entries in accords	nce with th	e turincoour to full	POIN 3300-C		
	Annual Report I	dentification information	01/01/2	its bas 200	ding	12/31/2009	
or the calendar plan year 2009 of facal plan year beginning						One-pattici	gant plan
	nis return/report is for: his return/report is for:	The return/report	nal returnire	1		)	
; c	[	Form 5558 appeciel extension (enter description)	ote ottemolul	ension		DFVC prog	gram
1	Basic Plan Infor	mation — enter all requested inform	ation.			1b Three-digit	T
	Name of plan	ing, inc. 401(k) Plan				pian number (PN) ▶  1c Effective date	001
						01/01/200	
2a	Dies ananger's name and addr	ess (employer, if for single-employer pla	n)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2b Employer Ide	entification Number
الما	LANZ INDUSTRIAL WELD:	ING, INC.	50 <b>▼</b> 00		-	(EIN) 52-	rs telephone number
						(360) 25	1-3664
	9310 Northeast 222nd PO Box 820374	WAGITOO					de (see Instructions)
18	Vancouver	WA 98682	- PC II)			3b Administrato	rs EIN
}a		address (if same as plan amployer, enti-	er Sama j		1		
	Same					3c Administrato	r's telephone number
				- 51 . 15 . 11:	cibo	40 EIN :	
4	If the name and/or EIN of the	plan sponsor has changed since the last or from the last return. Sponsor's Name	retrum, rebou	t filed for this plan, ellie	inc	4c PN	
						5a .	7
58	Total number of participants a	the beginning of the plan year	,			5b :	4
b	Total number of participants of	the end of the plan year	enlan veari	ansin filanad banilah	a not		
C	Total number of participants w	the account balances as of the end of the	E plant year to			5c :	. IKIYes □No
6a	tot - 1) -445 - clooks smnots d	living the plan year invested in aligible &	866(27 (566)	IUSMACCIOUR ) · -			KYes No
b	Are you claiming a waiver of the	he annual examination and report of an i	Independent Conditions.)	drawag broug secor			. XYes No
	If you answered "No" to eith	or to or 6b, the plan cannot use Form	1 0000-21 011	The state of the s			
	Financial Infor	magor	-3	(a) Beginning	of Year	(b)	End of Year
7	Plan Assets and Liabilities		79		152,720		203,631
<b>a</b>	Total plan assals		7a 7b		0	:	0
b	Total plan liabilities		76		152,720		203,631
G	Net plan assets (subtract line		. 76	(a) Amoil	mt .		(b) Total
8	Income, Expenses, and Trans	sfers for this Plan Year	100000000000000000000000000000000000000	(8) 7 4 11 4			
a	Contributions received or received (1) Employers		. Ba(1)		375	-	
	(2) Participants		. Be(2)		375		
	ואַן יאַוויטאָמוויט וויין ואַן יאַן אַן אַן אַן אַן אַן אַן אַן אַן אַן	>); ; ,	. fe(2)		50,161		
D	Other income (loss)		. SD		70,707		50,911
C	Total income(add lines 6a(1).	6a(2), 8a(3), end 8b)	. 8c	Spring Cham		322	
d	Benefits paid (including direct	( relievers and insurance premarins	. 8d	- W	0		
-	to provide	ctive distributions (see Instructions)	. 8e		0		
9	Certain deamed and/or corre	ers (ennissimmes, seet estados of the	. Bf		0	\$ 10 ES 254	
7	Other expenses		. 8g		0		
8	NEW DESIGNATION OF CONTRACTION OF THE PROPERTY	an at ned Rol	. 8h			<u> </u>	0
h	Total expenses (add lines 6d Net income (loss) (subject lin	no Ab From line Act	. 25				50,911
3	to se to the man the piece to	lean Instructions)	. aj		٥		Form 5500-SF (2009)
F	or Paperwork Reduction Act	Notice and OMB Control Numbers, see	the instruc	tions for Form 5500-	BF.	:	Form 5500-SF (2009) v.002308

	6		a [	7					
	Form 5500-8F (2909)	Page	2-						
	Plan Characteristics						<del>-</del>		
38 I	the plan provides pension danems, enter the applicable pension leading	COMES HORE HIS FISH OF	* * 40>1 \(\cup \)			UU AI UIU I		•	
ь	2T 2F 2G 2J 2K the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	Plan Chai	acteristi	Code	s in the In	structions:		
1	Compilance Questions								
10	During the plan year:			_	Ye	M No		hmount	
a	takes there a fall-the to managili to the plan any participant contribution w	ithin the time period d	lescribed i	n	0a	ж	:		
b	29 CFR 2510.3-102? (See Instructions and DQL's Voluntary Fiduciary ( Were there any nenexampt transactions with any party in interest? (Do	not include transaction	ua tebous	n	0b	х	:		
	on line 10s.)			1	Dc 3	4			20,000
C	Was the plan covered by a fidelity bond?	hond that was caus	ed by frai.	_	-		:		
a	or dishonasty?			1	Dd	×	<u> </u>		
•	Were any feas or commissions paid to any brokers, agents, or other par insurance services or other organization that provides some or all of the	sons by an insurance c benefits under the o	camer, lan? (See			)c			
	instructions.)			• •	100		<del>- i-</del>		
f	Has the plan failed to provide any benefit when due under the plan? .			1	101	K	<del></del>		
O	Did the plan have any participant loans? (If "Yes," enter amount as of y	rear end.)	4 > 1	1	100	×		The said to the	
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 Cl	FIR		ioh	×			
j	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	guired notice or one of	f the		101				
N.	Panelon Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instruc	dione and	complet	e Sche	dule SB (	Form	Yes	No No
	18 this a defined contribution plan subject to the minimum funding requ	1 7				- Annual Control of the Control of t		. Yes	X No
12	is this a defined contribution plan subject to the minimum tuning requ (If "Yes," complete 128 or 12b, 12c, 12d, and 12e below, as applicable	.)	2 0, 0,0						
	If a waiver of the minimum funding standard for a prior year is being an	nortized in this plan ye	ear, sae Iri	struction	s, яnd	anter the	date of the	letter ruling	
3				- 510110	1	Da	'- <del></del>	Year	
If	you completed line 12c, complete lines 3, 9, and 10 of Schadule MR	(FARM FAMI), DAN NE	שוווו פוז קו	1.0.		12b		-	
b	Enter the minimum required contribution for this plan year					12c			-
C	Enter the amount contributed by the employer to the plan for this plan	year	sian to the	left of a					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d	<u> </u>		NIA
	Will the minimum funding amount reported on line 12d be risel by the	funding deadline? .					Yes	No	LINIA .
11. 17	Plan Terminations and I ransters of Assets							Z Yes	- Chia
132	IN INTER 341 FOUND DEPONDE DEED RELECT FROM SEALING TO SAIN	rigi, in, mily milit veat?	0 A D 1			• • •		. [45] 188	1 lian
b	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to another pl	an, or bro	ught und	er the	control	i Lije e	, Пиев	AND
C	P. C. I. Make the new some street from t	hin plan to another pla	In(9), iden'	tify the p	ian(s)				
-	13c(1) Name of plan(s):					13c(2)	EIN(E)	130(3	PN(B)
							· :		
_									
	ion: A penalty for the late or incomplete filing of this return/report v	ill be assessed uniq	88 P0160	inble ca	<b>uso</b> la	establist	ed.		
	or panalty for the late of alcomplete little of the limit octions. I do by panalties of perjury and other penalties set forth in the limit octions. I do it Schedule MB completed and signed by an enrolled actuary, as well as							a, a Schadul Dwiedge and	G I
belie	f, it is true, correct, and complete.						_		
1	alityles	10/18/10	Baunh	-				inintmte-	
	Signature of plan administrator	Date		1		signing a	s plan adm	ITHOUGH TOT	
	- July Bland	10/1560	Saundr				<del></del>	1202 200 000	
Ŷ.	Glander of amaleurinian sonner	Date	Enler na	ne of inc	lividu	I signing a	s employe	or plan spo	1020