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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010	
Α	This return/report is for: Single-employer plan	r: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan				
В	This return/report is for: first return/report	/report is for: first return/report final return/report				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	,				
	Name of plan	20011		1b	Three-digit	
	ANCE STEEL FABRICATION INC 401(K) PLAN				plan number	
					(PN) ▶	
				1C	Effective date of plan 10/01/2008	
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number	
	ANCE STEEL FABRICATION INC	μ.α,			(EIN) 91-1974011	
1075	1 A STREET S			2c	Plan sponsor's telephone number 253-538-7935	
	OMA, WA 98444			24	Business code (see instructions)	
				24	332300	
	Plan administrator's name and address (if same as Plan sponsor, er ANCE STEEL FABRICATION INC 10751 A STR		e")	3b	Administrator's EIN	
ALLI	ANCE STEEL FABRICATION INC 10751 A STR TACOMA, W			30	91-1974011	
				30	Administrator's telephone number 253-538-7935	
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI	
5a	Total number of participants at the beginning of the plan year			5a	46	
b				5a	43	
C	Total number of participants with account balances as of the end of			30	10	
	complete this item)		•	5c	32	
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		Yes No	
b					X Yes ☐ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		[] Tes [] NO	
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	7a	13598	3	222718	
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	13598	3	222718	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:	90(4)	4117	2		
	(1) Employers	8a(1)	4460	3		
	(2) Participants	8a(2)				
b	Other income (loss)	8a(3) 8b	2773	4		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			113509	
d	Benefits paid (including direct rollovers and insurance premiums	- 00				
	to provide benefits)	8d	2428	8		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	248	6		
g	Other expenses	8g				
l_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			26774	
h					00=0=	
n i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			86735	

	F	Form 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2F 2G 2J 2K 2T 3D	acteris	stic Co	des in	the instru	ctions:		
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in t	he instru	rtions:		
		plan provides wellare serione, error the applicable wellare realare edges from the blot of Flan error	2010110	110 00	aco iii t	ino motrat	otionio.		
art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Amo	unt	
а		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		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					25000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	Х					272
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					4293
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		th 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						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con				•		Yes	X No
2		ris a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		_
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru							
lf v	-	ting the waiverMor ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day .		Year		
		r the minimum required contribution for this plan year		Γ	12b				
		r the amount contributed by the employer to the plan for this plan year		<u> </u>	12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left		····	12d				
	nega	ative amount)		_	Γ				1
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	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	X No
	If "Ye	es." enter the amount of any plan assets that reverted to the employer this year			13a				

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	05/04/2011	KRISSY HEINS					
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					

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance with	the instructions to the Form 5500)-SF.		<u> </u>
	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 0	1/01/2	010 and ending		12/31/201	.0
Α.	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
	This return/report is for: first return/report	final retur	n/report		_	
_	an amended return/report	short plan	year retum/report (less than 12 mor	nths)		
^	님 ' 낡	•	extension	•	DFVC progra	ım
C ·			OXIGIISIOII			
	special extension (enter description					
	irt II Basic Plan Information—enter all requested informa	ation		41		
	Name of plan	7) NT		1b	Three-digit plan number	
	ALLIANCE STEEL FABRICATION INC 401(K) PL	AN			(PN) ▶	001
				1c	Effective date o	
					10/01/200	
2a	Plan sponsor's name and address (employer, if for single-employer ALLIANCE STEEL FABRICATION INC	plan)		2b	Employer Identi	
	ALLIANCE STEEL FABRICATION INC			•	(EIN) 91-197	
				ZC	(253) 538-	telephone number 7.9.3.5
	10751 A STREET S			2d		(see instructions)
	TACOMA		WA 98444		332300	
3a	Pian administrator's name and address (if same as Pian sponsor, e	nter "Same	∍")	3b	Administrator's	EIN
	SAME .			_		
				ЗС	Administrators	telephone number
4	f the name and/or EIN of the plan sponsor has changed since the las	et retum/re	nort filed for this plan, enter the	4h	EIN	
	name, EiN, and the plan number from the last return/report. Sponso		port mod for the plant, error the			
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		4.6
b	Total number of participants at the end of the pian year			5b		43
C	Total number of participants with account balances as of the end of					32
	complete this item)		•	5c	<u> </u>	
	Were all of the plan's assets during the plan year invested in eligib				.,,.,,.,	X Yes No
a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					u u
PE	rt III Financial Information					
7	Pian Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total pian assets	7a	135,98	3		222,718
_	Total plan liabilities	7b				
	Net plan assets (subtract line 7b from line 7a)	7c	135,98	3		222,718
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b)	Total
-	Contributions received or receivable from:				','	
	(1) Employers	. 8a(1)	41,17			
	(2) Participants	8a(2)	44,60	<u> </u>		
	(3) Others (including rollovers)	8a(3)		_		and the second
b	Other income (loss)	. 8b	27,73	4		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				.113,509
d	Benefits paid (including direct rollovers and insurance premiums		0.4.00			
	to provide benefits)	. 8d	24,28	<u>ت</u>		
е	Certain deemed and/or corrective distributions (see instructions)	8e		4		
f	Administrative service providers (salaries, fees, commissions)	8f	2,48	6		
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the second of the second product of the second			26,774
i	Net income (ioss) (subtract line 8h from line 8c)	81	1.0			86,739
i	Transfers to (from) the plan (see instructions)	8]				

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Par	t IV Plan Characteristics		int of Diam Observ	n od a :-!	die N	doo !- :	the instruction	nuc.
9a	If the pian provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 2T 3D	re codes from the L	ist of Plan Chara	acteris	siic Co	ues in 1	uie instructio	113.
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the Li	ist of Plan Chara	cteris	tic Co	des in t	he instruction	ns:
Par	V Compliance Questions	<u> </u>						
10	During the plan year:				Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	n)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transa	ctions reported	10b		Х		
C	Was the plan covered by a fidelity bond?			10c	Х			25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	ty bond, that was c	aused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	benefits under the	plan? (See	10е	Х			272
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 y	rear end.)		10g	Х			4,293
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	10h		X		atagagan kalan Marakan menala
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Pari	VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·		•			
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	? (If "Yes," see instr	uctions and com	plete	Sched	iule SB	(Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding requ							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 an granting the waiver	nortized in this plan		1th	and o	Day	e date of the	e letter ruling /ear
b	Enter the minimum required contribution for this plan year		·····		-	12b	· · · · · ·	
С		уеаг	····			12c		<u> </u>
d	negative amount)					12d		
е	Will the minimum funding amount reported on line 12d be met by the fu	inding deadline?	***************************************				Yes	No N/A
Par	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan ye	ar or any prior year	?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year				13a		
- b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	nsferred to another	plan, or brought	unde	r the c	*****		Yes 🛭 No
	if during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another p	plan(s), identify t	he pla	an(s) to	· · · · · · · · · · · · · · · · · · ·		T
	13c(1) Name of plan(s):			 -	13	c(2) E	N(s)	13c(3) PN(s)
				+				
							•	
Cau	tion: A penalty for the late or incomplete filling of this return/report	will be assessed u	ınless reasonat	oie ca	use is	estab	lished.	
Und	er penalties of perjury and other penalties set forth in the instructions, I do or Schedule MB completed and signed by an enrolled actuary, as well as of, it is true, correct, and complete.	eclare that I have e	xarnined this ret	urn/re	port, i	rıcludiri	g, if applicab	ile, a Schedule nowledge and
A11	May be strately a	4-27-11	Mundi	, ,	MI	Hen	m.	
SIC		Date	Enter name of i	7-			1	istrator
		4-27-11				2050		
SIC	N - /				•	•		r plan sponsor
1116	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							