	Form 5500-SF		eturn/l Benefit	Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to be filed		2010						
Er	Department of Labor nployee Benefits Security Administration	e e	This Form is Open to Public							
	ension Benefit Guaranty Corporation	0-SF	Inspection							
Pa	Person benefit Guaranty Colliporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	calendar plan year 2010 or fisca		0	and ending	2/31/2	2010				
Α	This return/report is for:	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						
		nths)								
С	C Check box if filing under:									
	special extension (enter description)									
Pa	art II Basic Plan Inform	nation—enter all requested information	ation							
	Name of plan				1b	Three-digit				
LANZ	Z INDUSTRIAL WELDING, INC.	401(K) PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 52-7256315				
	NORTHEAST 222ND AVENUE				2c	Plan sponsor's telephone number 360-254-3664				
PO B	OX 820374 COUVER, WA 98682				2d	Business code (see instructions)				
3a LANZ	Plan administrator's name and a Z INDUSTRIAL WELDING, INC.	e") 2ND AVENUE	3b	b Administrator's EIN 52-7256315						
		PO BOX 820 VANCOUVER		82	3c	3c Administrator's telephone number 360-254-3664				
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c PN					
5a	Total number of participants at	the beginning of the plan year			-	3				
b			5b	0						
C	Total number of participants wi	th account balances as of the end of	f the plan y	ear (defined benefit plans do not		0				
62	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) 									
	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										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
'a			. 7a	(a) Beginning of Tear 20363	1	(b) End of Year				
b	·	7a 7b			0 0					
С	Net plan assets (subtract line 7	b from line 7a)	7c	20363	1	0				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or received		0-(4)		0					
			8a(1) 8a(2)		0					
	 (2) Participants (3) Others (including rollovers) 				0					
b	., ,			2694	2					
C		3a(2), 8a(3), and 8b)				26942				
d	Benefits paid (including direct r	ollovers and insurance premiums	. 8d	23057	3					
е	, ,	ve distributions (see instructions)			0					
f		s (salaries, fees, commissions)			0					
g	•				0					
h	•	Be, 8f, and 8g)				230573				
i		8h from line 8c)				-203631				
j	Transfers to (from) the plan (se	e instructions)	8j		0					

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2T 2F 2G 2J 2K
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co b Were there any nonexempt transactions with any party-in-interest? (Do nor on line 10a.) c Was the plan covered by a fidelity bond?	Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transaction of transacting transacting transacting transaction of transacting transaction	b c d e y h	No × × × × × × × × × × × × ×		Amo	punt	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co b Were there any nonexempt transactions with any party-in-interest? (Do nor on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso insurance service or other organization that provides some or all of the ber instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.) 	Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transactions reported Image: construction of the state include transaction of transacting transacting transacting transaction of transacting transaction	b c d e y h	x x x x x x				
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity boor dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso insurance service or other organization that provides some or all of the ber instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.) 	100 100 100 100 100 100 101 102 103 104 105 106 107 108 109 109 100 100 101 102 103 104 105 106 107 108 109 109 100 100 101 102 103 104 105 106 107 108 109 100 100 101 102 103 104 105 106 107 108 109 100 100 100 1	c d e f g h	x x x x x				
 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity be or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso insurance service or other organization that provides some or all of the ber instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.) 	iond, that was caused by fraud10ions by an insurance carrier, nefits under the plan? (See10ions and 29 CFR10ed notice or one of the10	d e ff g h	x x x x				
 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other perso insurance service or other organization that provides some or all of the ber instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.) 	10 ons by an insurance carrier, nefits under the plan? (See 10 end.)	e f g h	x x x				
 insurance service or other organization that provides some or all of the ber instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.) 	nefits under the plan? (See 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 ructions and 29 CFR 10 ed notice or one of the 10	f g h	X X				
 g Did the plan have any participant loans? (If "Yes," enter amount as of year h If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.) 	ructions and 29 CFR ed notice or one of the 10	g h	Х				
 If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.) 	ructions and 29 CFR ed notice or one of the 10	h					
2520.101-3.)	ed notice or one of the 10		Х				
•)i					
If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3	"Yes," see instructions and complet						
Part VI Pension Funding Compliance	"Yes," see instructions and complet						
11 Is this a defined benefit plan subject to minimum funding requirements? (If 5500))						Yes	X No
 12 Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amorti granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For 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 resumed and the section. 	ized in this plan year, see instruction MonthMonth orm 5500), and skip to line 13.	ns, and e	enter th	e date of t			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?							N/A
Part VII Plan Terminations and Transfers of Assets							
					X	Yes	No
13a Has a resolution to terminate the plan been adopted during the plan year o		 13a			165		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							
 of the PBGC? C If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.) 					X	Yes	No No
13c(1) Name of plan(s):	13	13c(2) EIN(s)			3c(3)	PN(s)	
Caution: A papelty for the late or incomplete filing of this return/report will							

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.	07/15/2011	SAUNDRA LANZ				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/15/2011	SAUNDRA LANZ				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Page **2-**1

	Form 5500-SF		eport of Small Employe	e	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2010			
Emp	Department of Labor loyee Benefits Security Administration	Retirement Income Security	Act of 1974	(ERISA), and section 6058(a) of the de (the Code).		This Form is Open to Public			
P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
		dentification Information				/ /			
For t	he calendar plan year 2010 or	fiscal plan year beginning	01/01		12/	/31/2010			
Α	his return/report is for:	x single-employer plan	multiple-em	ployer plan (not multiemployer)	L	one-participant plan			
BI	his return/report is for:								
	[an amended return/report	short plan y	ear return/report (less than 12 months	s) _	DFVC program			
C	Check box if filing under:	Form 5558	rm 5558 automatic extension						
		special extension (enter description)	i i						
Pa	rt II Basic Plan Infor	mation enter all requested infor	mation.						
1 a	Name of plan					Three-digit blan number			
	LANZ INDUSTRIAL WELDI	NG, INC. 401(k) PLAN				PN) ► 001			
						Effective date of plan			
						01/01/2002			
2a		ess (employer, if for single-employer pla	an)			Employer Identification Number EIN) 52-7256315			
	LANZ INDUSTRIAL WELDI	NG, INC.			-	Plan sponsor's telephone number			
	9310 Northeast 222nd	Avenue				(360) 254-3664			
US	PO Box 820374 Vancouver	WA 98682				Business code (see instructions) 238900			
3a	Plan administrator's name and	address (If same as plan employer, ent	er "Same")		3b Administrator's EIN				
	Same								
					3c /	C Administrator's telephone number			
4	If the name and/or EIN of the pl	an sponsor has changed since the last	return/repor	t filed for this plan, enter the	4b E	4b EIN			
	name, EIN and the plan numbe	r from the last return/report. Sponsor's	Name		4c F	PN			
5a	Total number of participants at	the beginning of the plan year			5a	3			
b	Total number of participants at		5b	0					
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not									
6a	complete this item) 5C 0 a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ••••••••••••••••••••••••••••••••••••								
b									
-	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.								
	rt III Financial Inform	nation			1				
7	Plan Assets and Liabilities		-	(a) Beginning of Year	(b) End of Year				
a b	Total plan assets		. 7a 7b	203,631	-	0			
	• •	•••••	· 70	203,631	-	0			
<u>c</u>	Net plan assets (subtract line 7		. /6	(a) Amount	-	(b) Total			
8 a	Income, Expenses, and Transfe Contributions received or received								
u	(1) Employers		. 8a(1)	0	_				
	(2) Participants		. <u>8a(2)</u>	0	_				
	(3) Others (including rollovers)		. <u>8a(3)</u>	0					
b	Other income (loss)		. 8b	26,942	_				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		. 8c			26,942			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 230,573								
е		ve distributions (see instructions)	. 8e	0					
f		s (salaries, fees, commissions)	. 8f	0					
g	Other expenses		. 8g	0					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	. 8h			230,573			
I	, ,	8h from line 8c)	1000			(203,631)			
j		e instructions)		0					
_		tion and OMD Control Numbers and	Carlos and the second			Eorm 5500-SE (2010)			

Form 5500-SF 2010

Page **2-**

Part IV Plan Characteristics

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

2T 2F 2G 2J 2K

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	During the plan year:		Yes	No	A	mount		
а	Was there a failure to transmit to the plan any participant contribution within the time period described in	100		x				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a						
~		10b		x				
С	Was the plan covered by a fidelity bond?	10c		x				
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		x				
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See			v				
	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.)	10h		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						
Part	VI Pension Funding Compliance			37				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))			8		Yes X No	2	
12								
	(If "Yes," complete 12a or 12b, 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 enter the date of the letter ruling granting the waiver								
b	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b		•		
c								
d	Enter the amount contributed by the employer to the plan for this plan year	•••	• ⊢					
-	negative amount)		. L	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A	•	
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?		· _ ·			X Yes No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	• •	•	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under							
c	of the PBGC?							
	which assets or liabilities were transferred. (See instructions.)	un(5) t	0					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)		
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	se is	estab	lished		1		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep					chedule		
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report,							
belief,	it is true, correct, and complete.	N.						

SIGN	Sanne		7/12/211	Saundra Lanz
HERE	Signature of plan administrator		Date	Enter name of individual signing as plan administrator
SIGN	Saunda	Y	7/12/201	Saundra Lanz
UPPE	Signature of employer/plan sponsor	~	Date	Enter name of individual signing as employer or plan sponsor