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

Pa	art I Annual Report Id	lentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/20	10	and ending	12/31/2	2010
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	Γhis 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:	T Form 5558	╡ :	extension	,	DFVC program
•		special extension (enter descript	_	Octobiolis		
Do	rt II Pacia Plan Inform					
	Irt II Basic Plan Inform	nation—enter all requested inforr	nation		1h	Three-digit
	Name of plan THWEST METALS FABRICATI	ON RETIREMENT PLAN			יוו	nlan number
11011	THE TREE TREE TREE TREE TREE TREE TREE T	OTT RETITEMENT FEAT				(PN) ▶ 001
					1c	Effective date of plan
						01/01/2010
	Plan sponsor's name and addr THWEST METALS FABRICATI	ess (employer, if for single-employe	er plan)		2b	Employer Identification Number
NOK	THWEST WE TALS FABRICATI	ON, INC.			2c	(EIN) 26-1641472 Plan sponsor's telephone number
	0 - 63RD AVE. N.E.					360-403-9400
AKLI	NGTON, WA 98223				2d	Business code (see instructions)
	<u> </u>		. "0		O.L.	238900
NOR	Plan administrator's name and THWEST METALS FABRICATI	address (if same as Plan sponsor, ON, INC. 19320 - 63F			30	Administrator's EIN 26-1641472
		ARLINGTO	N, WA 9822	23	3c	Administrator's telephone number
						360-403-9400
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan numbe	r from the last return/report. Spons	or's name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	0
					5b	9
С		ith account balances as of the end			0.0	
				•	5c	9
6a	Were all of the plan's assets of	luring the plan year invested in eligi	ble assets?	(See instructions.)		Yes No
b				ndent qualified public accountant (IQ		X Yes ☐ No
	•			ons.)SF and must instead use Form 55		[] Tes [] No
Pa	rt III Financial Informa		01111 3300	or and must mistead use i orm so		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а			7a	` ' ' ' ' '	0	306644
	Total plan liabilities		7b			
С	Net plan assets (subtract line 7	7b from line 7a)			0	306644
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received	vable from:		, ,		``
	(1) Employers		8a(1)		_	
	(2) Participants		8a(2)	2555		
	(3) Others (including rollovers)	8a(3)	25120		
b	` '			29892	2	200244
C	, , ,	8a(2), 8a(3), and 8b)	8c			306644
d		rollovers and insurance premiums	8d			
е		ive distributions (see instructions)				
f		rs (salaries, fees, commissions)				
g						
э h	•	Be, 8f, and 8g)				
i		e 8h from line 8c)				306644
i	` , `	ee instructions)				

	F	Form 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
)a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan (2E 2G 2J 2K 2T 3D	Characteri	stic Co	des in	the instru	uctions	s:	
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	tic Co	des in t	he instru	ctions		
art	: V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amo	ount	
а		there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ted 10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra ishonesty?	ud 10d		X				
е	insur	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					1097
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				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)			X				
İ	If 10	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	•			•		Yes	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the 0	Code or se	ection 3	302 of I	ERISA?.		Yes	X No
	,	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 in ting the waiver.		,					0
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	_	1				
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		L	12d	<u> </u>			_
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	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	X No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

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 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.	07/18/2011	CHRIS HOWLETT
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

Short Form Annual Return/Report of Small Employee Benefit Plan

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

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<u> Fa</u>					and ending			
- For c	alendar plan year 2010 or fis			F	At the part of the	Ĩ	T1 500.00	
АТ	his return/report is for:	X single-employer	1. C.	H	oyer plan (not multiemployer)		one-participa	nt plan
Вт	his return/report is for:	irst return/report	l .	final return/re	₩			
		an amended retu	urn/report	short plan ye	ar return/report (less than 12 mor	iths)		
C c	heck box if filing under:	Form 5558		automatic ext	ension		DFVC progra	m
cn6 (7)		special extension	n (enter descr	riplion)			rumpo	
Pa	t II Basic Plan Info	rmation—enter all	requested inf	ormation				
	Name of plan					1b	Three-digit	
	THWEST METALS FABRICA	TION RETIREMENT	PLAN				plan number	001
					4	4	(PN) •	
						10	Effective date of 01/01/2	
20	Dire anapasis same and ad	drage (ampleyer if fo	r cinalo ample	over plan)	(1-200-200)	2h	Employer Identif	
	Plan sponsor's name and ad THWEST METALS FABRICA		i single-empli	byer platt)		20	(EIN) 26-164	
	enterente de la companya de la comp	non-demonstrate of Marie Conference (Marie Marie				2c	Plan sponsor's t	elephone number
W05E05H004) - 63RD AVE. N.E.						360-40	
ARLII	NGTON WA 98223					2d	Business code (238900	
20	Plan administrator's name a	nd address (if same a	s Plan snone	or enter "Same")	80-1845 FO 1845 PH	3h	Administrator's I	
SAMI		ाप वपपा एउउ (॥ उदा ॥ ट व	io i idii apoiisi	or, order came)			26-164	
AND THE PARTY OF						3с		elephone number
	The second secon				A PET A LEGISLA DE LA LEGISLA	41	360-40	3-9400
4 lf	the name and/or EIN of the name, EIN, and the plan num	plan sponsor has cha	anged since the	ie last retum/repoi onsor's name	tilled for this plan, enter the	4b	EIN	
1	lame, Em, and the plan hom	Del Hom the last reta	писроп. Ор	Ondor o Harrio		4c	PN	
			he plan year			5a		0
5a	Total number of participants	at the beginning of the	ne pian year		***************************************	Ja		
						5a		9
b	Total number of participants	at the end of the plan	n year					-
b	Total number of participants Total number of participants	at the end of the plan	n year es as of lhe e	nd of the plan yea				9
b c 6a	Total number of participants Total number of participants complete this item) Were all of the plan's asset	at the end of the plan with account balance s during the plan year	n yeares as of the e	nd of the plan year	r (defined benefit plans do not	5b 5c		-
b c 6a	Total number of participants Total number of participants complete this item) Were all of the plan's asset	at the end of the plan with account balance s during the plan year f the annual examina	n yeares as of the e	nd of the plan year	r (defined benefit plans do not ee instructions.)	5b 5c		9 Yes No
b c 6a	Total number of participants Total number of participants complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46	at the end of the plan with account balance s during the plan year f the annual examina ? (See instructions or	es as of the entries	nd of the plan year eligible assets? (Sort of an independe cility and condition	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQ s.).	5b 5c PA)		9
6a b	Total number of participants Total number of participants complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e	at the end of the plan with account balance s during the plan year f the annual examina ? (See instructions or ither 6a or 6b, the p	es as of the entries	nd of the plan year eligible assets? (Sort of an independe cility and condition	r (defined benefit plans do not ee instructions.)	5b 5c PA)		9 Yes No
b c 6a b	Total number of participants Total number of participants complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e rt III Financial Infor	at the end of the plan with account balance s during the plan year f the annual examina ? (See instructions or ither 6a or 6b, the p	es as of the entries	nd of the plan year eligible assets? (Sort of an independe cility and condition	e instructions.) nt qualified public accountant (IQs.) and must instead use Form 55	5b 5c PA)		9 X Yes No X Yes No
b c 6a b	Total number of participants Total number of participants complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e rt III Financial Infor	at the end of the plan with account balance s during the plan year f the annual examina ? (See instructions or ither 6a or 6b, the p mation	n yeares as of the entropy of the entro	nd of the plan year eligible assets? (Sort of an independe bility and condition se Form 5500-SF	ee instructions.) nt qualified public accountant (IQs.) and must instead use Form 55	5b 5c PA)		9 Yes No
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6a b Pa 7 a b c	Total number of participants Total number of participants complete this item)	at the end of the plan with account balance s during the plan yea f the annual examina ? (See instructions or ither 6a or 6b, the p mation the 7b from line 7a)	n yeares as of the entropy in vested in entropy in waiver eligibelan cannot u	nd of the plan year eligible assets? (Sort of an independe oility and conditions se Form 5500-SF	e instructions.)	5b 5c PA)	(b) End	9 Yes No Yes No of Year
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Fa b c 8 a	Total number of participants Total number of participants complete this item)	at the end of the plan with account balance s during the plan yea f the annual examina ? (See instructions or ither 6a or 6b, the p mation be 7b from line 7a) nsfers for this Plan Y eceivable from: ers) 1), 8a(2), 8a(3), and 6 ect rollovers and insure	n year es as of the entrinvested in entri	nd of the plan year eligible assets? (Sort of an independe oility and conditions are Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year (a) Amount	5b 5c PA)	(b) End	9 Yes No No Yes 306644 Total
Pa b c 8 a b c	Total number of participants Total number of participants complete this item)	at the end of the plan with account balance s during the plan yea f the annual examina ? (See instructions or ither 6a or 6b, the p mation The 7b from line 7a) The 7b from line 7a yea ceivable from: The 7b from line 7a yea ansfers for this Plan Y accivable from:	n year es as of the entrinvested in entri	7a 7b 7c 8a(1) 8a(2) 8b 8c ms 8d	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year (a) Amount	5b 5c PA)	(b) End	9 Yes No No Yes 306644 Total
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Pa b c 8 a b c d	Total number of participants Total number of participants complete this item)	at the end of the plan with account balance s during the plan year f the annual examina ? (See instructions or ither 6a or 6b, the p mation the 7b from line 7a) the 7b from line 7a) the 7b from line 7a) the 7b from line 7a y the ceivable from: 1), 8a(2), 8a(3), and the cettive distributions (siders (salaries, fees, fee	n year es as of the entropy of	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d ns) 8f	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year (a) Amount	5b 5c PA)	(b) End	9 Yes No No Yes 306644 Total
Pa b c d e f	Total number of participants complete this item)	at the end of the plan with account balance s during the plan year f the annual examina ? (See instructions or ither 6a or 6b, the p mation The 7b from line 7a) The 7b from line 7a) The 7b from line 7a certive distributions (see the collowers and insurance (salaries, fees, collowers (salaries, fees, collowers (salaries, fees, collowers).	n year es as of the entrinvested in entri	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d ns) 8e 9 8g	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year (a) Amount	5b 5c PA)	(b) End	9 Yes No No No No No No No N
Pa b c d e f g	Total number of participants Complete this item)	at the end of the plan with account balance s during the plan year of the annual examina of the annual examina of the fa or 6b, the p mation are 7b from line 7a) are	n year es as of the entrinvested in entri	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d ns) 8e 9 8f 8g 8h	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year (a) Amount	5b 5c PA)	(b) End	9 Yes No No Yes 306644 Total

Page 2-1	
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Form	5500	-SF	20	1	0
1 01111	2000	U ,			•

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: 2A 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:

				A-2-17 1 1 1 2 2 2 3 4 1 0				
Part	V Compliance Questions							
10	During the plan year:		<u> </u>		Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a	iii	х		9.00
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c		х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was c	aused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	he benefits under the	plan? (See	10e	x			1097
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х		
q	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end.)	-	10a		Х		
_	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29	CFR	10g 10h		х	n Ali	0 =
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	e of the	10i				
Part	VI Pension Funding Compliance							£
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							Yes No
12	Is this a defined contribution plan subject to the minimum funding re-	quirements of sectior	1 412 of the Code	or se	ction	302 of I	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 granting the waiver.		Month					
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule M				Г	12b		
b	Enter the minimum required contribution for this plan year				- 1	120 12c		
	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter th	and remaining the state of the state of the second terminal and the state of the second and the second state of the second sta			··· ⊦			
	negative amount)		•••••		2	12d	7 V - F	Ги Пии
	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 yea	r?	•••••	r		(**C=0.9=0,1)	Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a		
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?							Yes X No
С	which assets or liabilities were transferred. (See instructions.)	trus plan to another	plan(s), identity th	e pia	n(s) u	J		
9.6	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
		96.7					Y	
Cau	ion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed (unless reasonable	e cau	use is	establ	ished.	
Unde SB c	r penalties of perjury and other penalties set forth in the instructions, r Schedule MB completed and signed by an enrolled actuary, as well i, it is true, correct and complete.	I declare that I have	examined this retu	ım/re	port, i	ncludin	g, if applicab	ele, a Schedule nowledge and
	T X X	417/2011	CHRIS HOWLE	П				
SIG		Date	Enter name of in	divid	ual sid	oning a	s plan admin	istrator
	87/-	6/24/11	SCOTT H		200		p. 1	
SIG	E Signature of employer/plan sponsor	Date	Enter name of in		-		s employer o	r plan sponsor
	- A	L. C.				, W	- JP.OJOI O	. pieri opolioot