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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete	te all entries in acco	rdance wit	h the instructions to the Form 5500	0-SF.		•	
Pa	art I Annual Report Identificatio	n Information						
For	calendar plan year 2011 or fiscal plan year be	eginning 01/01/20	11	and ending 1	2/09/2	011		
Α	This return/report is for:	ployer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	ırn/report	the final r	eturn/report				
	an amende	d return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: X Form 5558		automatio	extension		DFVC progra	m	
	The state of the s	ension (enter descripti	ion)			_		
Pa	art II Basic Plan Information—ent	er all requested inforn	nation					
	Name of plan				1b	Three-digit		
	ANCE STEEL FABRICATION INC 401K PLAN	J			1.0	plan number		
						(PN) •	001	
					1c	Effective date of	plan	
						10/01/	2008	
	Plan sponsor's name and address; include ro IANCE STEEL FABRICATION INC	oom or suite number (employer, if	for a single-employer plan)		Employer Identif (EIN) 91-19		er
						Sponsor's telep	none number	
1075	51 A STREET S					253-538		
	OMA, WA 98444				2d	Business code (ns)
					01	33230		
	Plan administrator's name and address (if sa ANCE STEEL FABRICATION INC	10751 A STI	REETS	3 ")	3D	Administrator's E 91-19		
		TACOMA, W	/A 98444		3с	Administrator's t		nber
4	If the name and/or EIN of the plan sponsor h		last return/	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the la	st return/report.			40	DNI		
	Sponsor's name Total number of participants at the beginning	of the plan year			4c	T T		26
	, ,				5a			35
b	Total number of participants at the end of the				5b			-
	Number of participants with account balance complete this item)			•	5c			(
6a	Were all of the plan's assets during the plan	year invested in eligil	ble assets?	(See instructions.)			X Yes	No
b	3						∨ [٦
	under 29 CFR 2520.104-46? (See instruction			•			X Yes	No
-	If you answered "No" to either 6a or 6b, t	ne plan cannot use F	orm 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information			T				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
а	'			222718				0
b	Total plan liabilities		7b	0				0
<u>C</u>	Net plan assets (subtract line 7b from line 7a		7с	222718				0
8	Income, Expenses, and Transfers for this Pla	an Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers		8a(1)	13057				
	(2) Participants		` '	9018				
	`,			0				
L	(3) Others (including rollovers)			1207	_			
b	,			1207			2220	2
С	Total income (add lines 8a(1), 8a(2), 8a(3), a		8c				2328	
d	Benefits paid (including direct rollovers and i to provide benefits)		8d	234660				
е	Certain deemed and/or corrective distribution	ns (see instructions)	8e	0				
f	Administrative service providers (salaries, fe	es, commissions)	8f	11340				
g	Other expenses		8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g))	8h				24600	0
i	Net income (loss) (subtract line 8h from line	8c)	8i				-22271	8
j	Transfers to (from) the plan (see instructions	,		0				
			_ <u>~,</u>					

_		~-		
Form	5500	1-SF	201	1

Page	2	- [1	
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Part IV	Plan	Characte	aristics
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
 - 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	Α	mount	
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			2	25000
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 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	X				149
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				0
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes)	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
lf :	you 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	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	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 in any plan year?			X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a		· 		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol			7
	of the PBGC?					X Yes	No
	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.)	he pla					
1	3c(1) Name of plan(s):		13	c(2) EIN	l(s)	13c(3) P	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	07/11/2012	NICK SUTHEIMER
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

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

QMB Nos, 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	art I		Identification Information					
For	calenda	ir plan year 2011 or fis	scal plan year beginning	01/01/20)11 and ending		12/09/2011	
Α.	This retu	urn/report is for:	$\overline{\mathbb{X}}$ a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-participa	nt plan
_		urn/report is:	the first return/report	x the final re	turn/report			
	,,,,,	and a part of the	an amended return/report	🗓 a short plar	n year return/report (less than 12 mo	nths)		
<u> </u>	ما بامعاد ام	and the fillings of sections	X Form 5558	automatic	•	Í	DFVC program	
•	опеск о	oox if filing under:		_	EX(SIBIOI)			
			special extension (enter desc					
	irt II		ormation—enter all requested in	formation	1.0.4.1000	1 h	Three-digit	
	Name o	· • •				ш	plan number	
	ALLIZ	ANCE STEEL FA	BRICATION INC 401K P	LAN			(PN) ▶	001
					ľ	1c	Effective date of p	lan
							10/01/2008	
2a	Plan sp	onsor's name and ad	ddress; include room or suite numb	er (employer, if	for a single-employer plan)	2b	Employer Identific	ation Number
	ALLIZ	ANCE STEEL FA	BRICATION INC				(EIN) 91-1974	
						2c	Sponsor's telepho	
	10751 A STREET S						(253) 538-7	
	10/5	I A SIREEI S				Za	Business code (se	e instructions)
	TACON				WA 98444	26	332300	NI
3a	Plan ac SAME	dministrator's name a	ind address (if same as plan spons	or, enter "Same	")	SD	Administrator's Ell	IN .
	1,77 - 11 11 11					3c	Administrator's tel	ephone number
4	If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/r	eport filed for this plan, enter the	4b	EIN	
_			imber from the last return/report.			4c	DN	
		or's name						35
5a						5a		
p						5b		
С	Numbe	er of participants with ete this item)	account balances as of the end of	the plan year (c	lefined benefit plans do not	5c		C
6a	Were	all of the plan's asset	ts during the plan year invested in	eligible assets?	(See instructions.)			X Yes No
b	Are vo	ou claiming a waiver o	of the annual examination and repo	ort of an indepen	dent qualified public accountant (IQI	PA)		X Yes ∏ No
	under	29 CFR 2520.104-46	i? (See instructions on waiver eligi	bility and conditi	ons.)			№ 162 140
Da	<u>If you</u> ert III	Financial Infor	hther 6a or 6b, the plan cannot t	ise Form Sauu-	SF and must instead use Form 550	<u>,,, </u>		
			madon					
7		Assets and Liabilities		25 ((a) Beginning of Vear	Τ-	(b) End o	f Year
	totalt				(a) Beginning of Year	Τ	(b) End o	f Year
b	Takal e			7a	(a) Beginning of Year 222,71	Τ	(b) End o	f Year
G		olan liabilities		7a	222,71	8	(b) End o	f Year
	Net pla	olan liabilities an assets (subtract lin	ne 7b from line 7a)	7a	222,71	8		(
8	Net pla Incom	plan liabilitiesan assets (subtract IIn e, Expenses, and Tra	ne 7b from line 7a)ansfers for this Plan Year	7a	222,71	8	(b) End o	(
8 a	Net pla Incom Contri	plan liabilitiesan assets (subtract lin e, Expenses, and Tra butlons received or re	ne 7b from line 7a)ansfers for this Plan Year eceivable from:	79 7b 7c	222,71	8 0 8		(
_	Net pla Incom Contril (1) En	plan liabilities an assets (subtract lin e, Expenses, and Tra butlons received or re mployers	ne 7b from line 7a) ansfers for this Plan Year aceivable from:	79 7b 7c 8a(1)	222,71 222,71 (a) Amount	8 8		(
_	Net pla Incom Contril (1) Er (2) Pa	olan liabilitiesan assets (subtract lin e, Expenses, and Tra butlons received or re mployers	ne 7b from line 7a)ansfers for this Plan Year eceivable from:	7a 7b 7c 8a(1) 8a(2)	222,71 222,71 (a) Amount	8 8		(
a	Net pla Incom Contril (1) Er (2) Pa (3) Of	olan liabilities	ne 7b from line 7a)ansfers for this Plan Year eceivable from:	7a 7b 7c 8a(1) 8a(2) 8a(3)	222,71 222,71 (a) Amount 13,05 9,01	8 0 8 7 8 0		(
a b	Net plant Income Control (1) Error (2) Part (3) Office Other (3)	plan liabilities	ne 7b from line 7a)ansfers for this Plan Year eceivable from:	78 7b 7c 8a(1) 8a(2) 8a(3) 8b	222,71 222,71 (a) Amount 13,05 9,01	8 0 8 7 8 0		Coxtal Coxtal
a b c	Net pla Incom Contril (1) Er (2) Pa (3) Of Other Total i	plan liabilities an assets (subtract line, Expenses, and Trabutlons received or remployers	ne 7b from line 7a)ansfers for this Plan Year eceivable from:	79 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	222,71 222,71 (a) Amount 13,05 9,01 1,20	8 0 8 7 8 0		(
a b	Net pla Incom Contril (1) Er (2) Pa (3) Of Other Total i Benefi	plan liabilities an assets (subtract line, Expenses, and Trabutlons received or remployers articipants thers (including rollowincome (loss)	ne 7b from line 7a)ansfers for this Plan Year eceivable from:	79 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	222,71 222,71 (a) Amount 13,05 9,01	8 0 8 7 8 0		Coxtal Coxtal
a b c	Net pla Incom Contril (1) Er (2) Pa (3) Of Other Total i Benefito prov	plan liabilities	ne 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d	222,71 222,71 (a) Amount 13,05 9,01 1,20	8 0 8 7 8 0		Coxtal Coxtal
a b c d	Net pla Incom Contril (1) Er (2) Pa (3) Or Other Total i Benefi to pro- Certai	plan liabilities	ne 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c ms 8d ns) 8e	222,71 222,71 (a) Amount 13,05 9,01 1,20	8 0 8 7 8 0 7 7		Coxtal Coxtal
a b c d	Net pla Incom Contril (1) Er (2) Pa (3) Of Other Total i Benefi to prov Certai	plan liabilities	ne 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d ns)8e	222,71 (a) Amount 13,05 9,01 1,20	8 0 8 7 8 0 7 7		Coxtal Coxtal
a b c d e f	Net pla Incom Contril (1) Er (2) Pa (3) Of Other Total i Benefit to produce Certai Admin	plan liabilities	ne 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d ns) 8e 9	222,71 (a) Amount 13,05 9,01 1,20	8 0 8 7 8 0 7 7		Coxtal Coxtal
a b c d e f	Net pla Incom Contril (1) Er (2) Pa (3) Or Other Total i Benefit to prod Certai Admin Other Total e	plan liabilities	ne 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d ns)8e 98f 8g 8h	222,71 (a) Amount 13,05 9,01 1,20	8 0 8 7 8 0 7 7		23,282 246,000
a b c d e f	Net pla Incom Contril (1) Er (2) Pa (3) Of Other Total i Benefit to prov Certai Admin Other Total i Net in	plan liabilities	ne 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ms 8d ns) 8e 9 8f 8g 8h	222,71 (a) Amount 13,05 9,01 1,20	8 0 8 7 8 0 7 7		23, 282

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1-0111	IJUU		74 (J)	

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: 2E 2F 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:

T									
Part				1	T	NI-a	1		
10	During the plan year:	within the time	riad dae aribaal in F		Yes	Νo		Amount	
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 Progra	am)	10a	w.u	X			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b		Х		**************************************	,
¢	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 fideli or dishonesty?	ity bond, that was	caused by fraud	10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	ersons by an insur benefits under the	ance carrier, e plan? (See	10e	х				149
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	/ear end.)		10g	Х				0
h	If this is an Individual account plan, was there a blackout period? (See 2520.101-3.)			10h		Х		and Markett	
_ i	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	quired notice or or	ne of the	10i	· · · · · ·		1.1		
Part	VI Pension Funding Compliance			-					
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see Ins	tructions and comp	oiete :	Sched	ule SI	B (Form		s X No
12	Is this a defined contribution plan subject to the minimum funding requ	irements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	.)							14
а	If a waiver of the minimum funding standard for a prior year is being ar granting the waiver.	nortized in this pla	n year, see instruct Monti	tions, h	and e	nter t Dav	he date of	the letter	ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), an	d skip to line 13.					404	
b	Enter the minimum required contribution for this plan year					12b			
C	Enter the amount contributed by the employer to the plan for this plan	year			L	12c	40.11		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a mir	us sign to the left o	ofa		12d			
e	Will the minimum funding amount reported on line 12d be met by the fi						Yes	No	N/A
Part									
13a	Has a resolution to terminate the plan been adopted in any plan year?					Х	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year		1	3a				0
b	Were all the plan assets distributed to participants or beneficiaries, transfer the PBGC?	nsferred to anothe				ontrol		X Ye	es No
c	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)		plaπ(s), identify th	e pla	n(s) to	·			
	3c(1) Name of plan(s):				13	c(2) E	IN(s)	13c	(3) PN(s)
148								Lagrangera	
Caul	ion: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonabl	e cau	ıse is	estat	olished.		
SBo	er penalties of perjury and other penalties set forth in the instructions, I or r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	declare that I have the electronic ver	examined this return/r	report	ort, ir , and	to the	ng, if applic best of my	cable, a S y knowled	chedule ge and
SIG	Muide & mextern	7-9-12	Mindy		· /	u	Henr	<u>y</u>	
HEF		Date	Enter name of in			ning a	as <u>plan ad</u>	ninistrator	
810									
SIG		Date	Enter name of in	divid	ıal sig	ning a	as employe	er or plan	sponsor