Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number WESTERN STEEL FABRICATORS 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 06/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WESTERN STEEL FABRICATORS OF TACOMA, INC. 91-1108598 (EIN) 2c Sponsor's telephone number 253-383-4091 10727 A STREET SOUTH TACOMA, WA 98444-6023 2d Business code (see instructions) 331200 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1108598 WESTERN STEEL FABRICATORS OF TACOMA, INC. 10727 A STREET SOUTH TACOMA, WA 98444-6023 **3c** Administrator's telephone number 253-383-4091 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 19 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 19 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) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 739550 224436 Total plan assets..... 7a n 7b Total plan liabilities..... 739550 224436 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 3104 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -18883 **b** Other income (loss)..... 8b -15779 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 498860 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 475 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 499335 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -515114 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form 5	κ	SE 201

Part IV	Plan	Characteristics	c
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D 2A 2T
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

			v			_		
	During the plan year:		Yes	No		Am	ount	
	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					10000
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	X					290
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.)	10q		Χ				
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						
rt '	VI Pension Funding Compliance	<u> </u>						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Voc	ᆸ
			ction :	302 of E	-RISA	<i>?</i>	Yes	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0 01 00	ction	302 of E	ERISA	·	res	× N
а	(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 instrugranting the waiver	ıctions,	and e	nter th	e date	of the le	etter ru	ling
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ıctions, nth	and e	nter th	e date	of the le	etter ru	ling
a If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions, nth	and e	nter th	e date	of the le	etter ru	ling
a If y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions, nth	and e	enter the Day ₋	e date	of the le	etter ru	ling
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, nth t of a	and e	nter the Day _	e date	of the le	etter ru	ling
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth •	and e	Day 12b 12c 12d	e date	of the le	etter ru	ling
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth •	and e	Day 12b 12c 12d	e date	of the le	etter ru	ling
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	uctions, nth		12b 12c 12d	e date	of the le	etter ru	ling
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a		12b 12c 12d	e date	of the le	etter ru	ling
a If y b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor ou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	t of a	and e	12b 12c 12d X Y	e date	of the le	etter ru	ling N/A
a If y b c d e ort ' Ba	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Morou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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	t of a	and e	12b 12c 12d	e date	of the le	etter ru	ling
a If y b c d e If t 3a b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d	Yes	of the le	No Yes	ling N/A
a If y b c d e nrt ' Ba b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Morou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 of the PBGC? 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.)	t of a	and e	12b 12c 12d X Y	Yes	of the le	No Yes	ling

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/16/2012	JERRY SMITH
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	art Annual Report Identification Information				
		06/01/2	2011 and ending		05/31/2012
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is:		return/report		–
	an amended return/report	!	an year return/report (less than 12 mo	nfhs)	
_	H		c extension		DFVC program
C			Cexternation	İ	L bi ve program
	☐ special extension (enter description	•			
	art II Basic Plan Information—enter all requested inform	ation		1h	These disit
12	Name of plan			ΙĎ	Three-digit plan number
	Western Steel Fabricators 401(k) Plan				(PN) ▶ 001
				1c	Effective date of plan
					06/01/1998
2a	Plan sponsor's name and address; include room or suite number (e	employer, i	f for a single-employer plan)	2b	Employer Identification Number
	Western Steel Fabricators of Tacoma, Inc.		-		(EIN) 91-1108598
	,,			2¢	Sponsor's telephone number (253) 383-4091
	10727 A Street South		<u></u>	24	Business code (see instructions)
	Tacoma		WA 98444-6023	Zu	331200
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same		3b	Administrator's EIN
	Same		·		
	•			3с	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EINI
•	name, EIN, and the plan number from the last return/report.	idot rotarrii	report med for this plan, error me	<u> </u>	LIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	. 21
b	Total number of participants at the end of the plan year			5b	19
C	Number of participants with account balances as of the end of the complete this item)			5c	19
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes ∏ No
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQP	'A)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	<u>u. </u>	
7	Plan Assets and Liabilities	100 000 000	(a) Basinning of Vacs	Т	(b) End of Voor
-		7-	(a) Beginning of Year 739, 550		(b) End of Year 224, 436
_	Total plan assets Total plan liabilities	7a 7b	(_	321,100
	Net plan assets (subtract line 7b from line 7a)	7c	739,550		224,436
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount	T	(b) Total
_	Contributions received or receivable from:	200000000000000000000000000000000000000	(a) Amount	344653 3 × 465	(S) TOTAL
_	(1) Employers	8a(1)	·	300000	
	(2) Participants	8a(2)	3,104	4	rova, je severenjem sučetnikom i o
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	(18,883)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			(15,779)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	498,860	יוב	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			A CONTRACTOR OF THE PROPERTY O
f	Administrative service providers (salaries, fees, commissions)	8f	475]	
g	Other expenses	8g		636553 636553 846553	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Š.	499,335
i	Net income (loss) (subtract line 8h from line 8c)	8i			(515,114)
j	Transfers to (from) the plan (see instructions)	8i			

Page 2 -	

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Form	COLUMN 2	->-	201	ı

6 F & Contract Contra			
Part IV	Diam	Character	intina
- A T 600 B 600 B	PIMI	L. Maraciei	150116.55

Signature of employer/plan sponsor

- 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 3D 2A 2T

	V Compliance Questions		_				
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time p 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Prog			Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transon line 10a.)			Х			
C	Was the plan covered by a fidelity bond?	100	X			1	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?			Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance service or other organization that provides some or all of the benefits under t instructions.)	he plan? (See	Х			,	2,908
f	Has the plan failed to provide any benefit when due under the plan?			Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 2520.101-3.)			Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or of exceptions to providing the notice applied under 29 CFR 2520.101-3						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in 5500))					Ye	s 🛛 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 pl granting the waiver	Month	s, and e	enter th Day	ne date of	the letter r Year	uling
b			Γ	12b			
C	Enter the amount contributed by the employer to the plan for this plan year		- 1	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a mi negative amount)	inus sign to the left of a	ſ	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						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X,	∕es 🔲≀	Vo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?	er plan, or brought unde	r the co	ontrol 		Ye	s 🛮 No
С	If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	er plan(s), identify the pl	an(s) to)	•		
1	13c(1) Name of plan(s):		13	c(2) E	N(s)	13c(3) PN(s)
							•
	ion: A penalty for the late or incomplete filing of this return/report will be assessed						
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have in Schedule MB completed and signed by an enrolled actuary, as well as the electronic ve f, it is true, correct, and complete.	e examined this return/repo	eport, in rt, and	ncludin to the	g, if applic best of my	able, a So knowledg	hedule e and
belie							
belie	1 Jan I. Smith 8/16/12	Jerry Smith			<u> </u>	·	
belie SIG HER	N MUSICAL CONTRACTOR OF THE CO	Jerry Smith Enter name of individ	lual sig	ning a	s plan adn	ninistrator	
belie SIG	Signature of plan administrator Date		lual sig	ning a	s plan adn	ninistrator	