	Form 5500-SF	Short Form Annual F		Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service					2011			
En	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 Employee Benefits Security Administration the Internal Revenue Code (the Code).								
P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 5500	0-SF.	Ins	pection		
		entification Information							
-	calendar plan year 2011 or fisca	al plan year beginning 01/01/20	7		2/31/2				
	This return/report is for:			e-employer plan (not multiemployer)		a one-partici	bant plan		
Β.	This return/report is:	the first return/report	4	eturn/report					
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_			
C	Check box if filing under:	Form 5558	1	extension		DFVC progra	m		
		special extension (enter description							
		nation—enter all requested inform	nation		41				
	Name of plan				10	Three-digit plan number			
NOR						(PN)	001		
					1c	Effective date o 01/01	•		
	Plan sponsor's name and addre THWEST METALS FABRICATI	ess; include room or suite number (ON, INC.	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 26-16	fication Number 41472		
1032	0 - 63RD AVE, N.E.				2c	Sponsor's telep 360-403			
	NGTON, WA 98223				2d	Business code (23890	,		
	Plan administrator's name and THWEST METALS FABRICATION		DAVE. N.E	,	3b	Administrator's	EIN 41472		
		ARLINGTO			3c	Administrator's a 360-403	elephone number 3-9400		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report	last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name				4c	PN			
5a	Total number of participants at			5a		9			
b	Total number of participants at	the end of the plan year			5b	12			
С	· ·	count balances as of the end of the	•	5c		9			
6a	Were all of the plan's assets d	uring the plan year invested in eligi	ble assets?	(See instructions.)			X Yes No		
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
				ons.) SF and must instead use Form 550			X Yes No		
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	306644			295020		
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7	'b from line 7a)	7c	306644			295020		
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal		
а	Contributions received or recei	vable from:	8a(1)	10996					
				18721					
)							
b	() ()			-14430					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				15287		
d		ollovers and insurance premiums	8d	23000					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	3911					
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				26911		
i		e 8h from line 8c)					-11624		
j	Transfers to (from) the plan (se	ee instructions)	··· 8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

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:

Part	V	Compliance Questions						
10	Durir	ng the plan year:		Yes	No	A	mount	
а	a 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)							
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)		x				
С								
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
е								2054
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		x			
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part		Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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								
lf	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		1		
b	Enter	the minimum required contribution for this plan year			12b			
c		the amount contributed by the employer to the plan for this plan year			12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							_
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part VII Plan Terminations and Transfers of Assets								
13a	3a Has a resolution to terminate the plan been adopted in any plan year?							
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
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 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)) PN(s)	
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		
Inda		stice of parium, and other penaltice act forth in the instructions. I dealars that I have examined this rate	100/000	a a mt i m	مانيطامه	a if analiach	in a Cab	o dulo

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.	10/09/2012	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	Short Form Annual Re	eturn/Re enefit F		ee	C	MB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					2011			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 1	1974 (ERISA	A), and sections 6057(b) and 6058(a ode (the Code).	a) of	f This Form is Open to Public Inspection			
Pension Benefit Guaranly Corporation	Complete all entries in accord	ance with t	he instructions to the Form 5500-	SF.				
Part I Annual Report Id	entification Information					and the second		
For calendar plan year 2011 or fisca		- 64 AC - 94 - 92 - 63 - 63 - 63		2/31/2				
A This return/report is for:		28.2	mployer plan (not multiemployer)		a one-particip	ant plan		
B This return/report is:		the final retu						
	an amended return/report	a short plan	year return/report (less than 12 mo	nths)	An and a second s			
C Check box if filing under:	X Form 5558	automatic e	xtension		DFVC program	m		
	special extension (enter description	n)	 Marcal Activity Science Marcal Activity Science 		a tri contra anno distante a			
Part II Basic Plan Inform	mation-enter all requested informa	ation						
1a Name of plan				1b	Three-digit			
NORTHWEST METALS FABRICAT	ION RETIREMENT PLAN				plan number (PN)	001		
			-	1c	Effective date of	nlan		
			3		01/01/2			
2a Plan sponsor's name and addr	ess: include room or suite number (er ION, INC.	mployer, if fo	or a single-employer plan)	2b	Employer Identii	ication Number		
NORTHWEST METALS FABRICAT	ION, INC.		(P)		(EIN) 26-164	1472		
				2c	Sponsor's telep			
19320 - 63RD AVE. N.E.				24	360-403			
ARLINGTON WA 98223				zu	Business code (238900	service volacion-en recourses		
	l address (if same as plan sponsor, er	nter "Same"		3b	Administrator's	EIN		
SAME	raduless (il same as plan spondor, or	und ounio		100000	26-164	1472		
COMPIL:				3c	Administrator's 360-403	lelephone number		
			and find for this slap, only the	Ah		5-9400		
4 If the name and/or EIN of the	plan sponsor has changed since the l ber from the last return/report.	last return/re	apon med for this plan, enter me	40	EIN			
a Sponsor's name				4c	PN			
5a Total number of participants a	at the beginning of the plan year			5a		9		
	at the end of the plan year			5b		12		
c Number of participants with a	ccount balances as of the end of the	plan year (d	efined benefit plans do not	_		9		
complete this item)				5c				
6a Were all of the plan's assets	during the plan year invested in eligit	ole assets? (See instructions.)	 D A \	••••••	X Yes No		
b Are you claiming a waiver of	the annual examination and report of (See instructions on waiver eligibility	and condition	ns.)	ΓΑ) 		🗙 Yes 🗌 No		
If you answered "No" to eit	ther 6a or 6b, the plan cannot use F	orm 5500-8	F and must instead use Form 55	00.				
Part III Financial Inform	nation	-1						
7 Plan Assets and Liabilities			(a) Beginning of Year	_	(b) Enc	l of Year		
		7a	306644	4		295020		
b Total plan liabilities				+				
c Net plan assets (subtract line	7b from line 7a)	7c	306644	l 		295020		
8 Income, Expenses, and Tran		All such and	(a) Amount	-	<u>(b)</u>	Total		
a Contributions received or rec	eivable from:	8a(1)	10996	3		18 - 2 - 2 - 2		
			1872					
		(State 10) and 10						
	rs)	1.000	-14430	<u></u>				
			-1440			15287		
), 8a(2), 8a(3), and 8b) I rollovers and insurance premiums	8c	en e	1.1 1.1	New Strategy of C	not of the state		
	a ronovers and insurance premiums	8d	23000	0				
	ective distributions (see instructions)		3911	1				
	lers (salaries, fees, commissions)	and the second sec			清日日始	관람님 화면의		
				The second				
	1, 8e, 8f, and 8g)	14 (10)-140-140-140-140-140-140-140-140-140-140				26911		
	ine 8h from line 8c)					-11624		
	(see instructions)			45				
For Deserved, Beduation Act Notice and	ONE Control Numbers see the instructions for		F	-		Form 5500 SE (2014)		

ž

11

Form 5500-SF 201

4

4.5

Page **2** - 1

Part										
	a 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:									
Part	V	Compliance Questions						899 S		
10	Dur	ing the plan year:				Yes	No	A	nount	
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	ı)	10a		х			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						2.55 24.245			
С	Wa	as the plan covered by a fidelity bond?			10c	10c				
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelit lishonesty?	ly bond, that was ca	used by fraud	10d		х			
e	We insu	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the ructions.)	ersons by an Insuran benefils under the p	ice carrier, plan? (See	10e	x		. 20		
f	Has	s 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 of y	/ear end.)		10g		Х			
h	lf th	his is an individual account plan, was there a blackout period? (See 20.101-3.)	instructions and 29	CFR	10h		x	9		
i	lf 1	Oh was answered "Yes," check the box if you either provided the re- ceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10i	ŝ				
Part		Pension Funding Compliance								
11	Is I	his a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instr	uctions and con	nplete	Sche	dule SE	3 (Form	Yes	∏ No
12		this a defined contribution plan subject to the minimum funding requ							Yes	X No
14	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	lf a	waiver of the minimum funding standard for a prior year is being an infine the waiver.	nortized in this plan	Mor	nth	, and	enter th Day	e date of the	e letter rui 'ear	ing
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
		ter the minimum required contribution for this plan year					12b			
С	Ent	ter the amount contributed by the employer to the plan for this plan	year		••••••		12c			
	neg	btract the amount in line 12c from the amount in line 12b. Enter the gative amount)					12d			- Section
е	Wil	I the minimum funding amount reported on line 12d be met by the fi	unding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
		s a resolution to terminate the plan been adopted in any plan year?					1	/es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C	lf c wh	during this plan year, any assets or liabilities were transferred from t ich assets or liabilities were transferred. (See instructions.)	his plan to another p	olan(s), idenlify i	the pla	an(s) te	0		·	
	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)						PN(s)			
Cau	tion	A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonal	ble ca	use is	s estab	lished.		
Und SB (ler pe or Sc	enalties of perjury and other penalties set forth in the instructions, I on the hedule MB completed and signed by an enrolled actuary, as well as is true, correct/and complete.	declare that I have e	xamined this re	turn/re	eport, i	ncludin	g, if applicat	le, a Sch nowledge	edule and
010		* 1/2	17/2/2	CHRIS HOWL	ETT.				24.2	2 No.
SIG	ALC: NO. 1	Signature of plan administrator	Date	Enter name of	individ	lual si	anina a	s plan admir	istrator	
	North Col						and a	- Francia and fill		

SIGN			
HERE	Signature of employer/plan sponsor	Dale	Enter name of individual signing as employer or plan sponsor