For	Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan				yee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury mal Revenue Service	This form is required to be filed		and 4065 of the Employe	е	2012				
	epartment of Labor enefits Security Administration	B(a) of	This Form is Open to Public Inspection							
	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instru	uctions to the Form 550						
Part I For calenda	Annual Report Id ar plan year 2012 or fisca	lentification Information al plan year beginning 06/01/2012		and ending (5/16/20	013				
	turn/report is for:		a multiple-employer	plan (not multiemployer)	0/10/20	a one-participant plan				
	turn/report is:		he final return/repor		L					
				ırn/report (less than 12 m	onths)					
C Check										
• • • • • • • • •		special extension (enter description)		L					
Part II	Basic Plan Inform	nation—enter all requested informat	tion							
1a Name VESTERN S						Three-digit plan number (PN) ▶ 001				
						Effective date of plan 06/01/1998				
	ponsor's name and addr	ess; include room or suite number (em OF TACOMA, INC.	nployer, if for a single	e-employer plan)		Employer Identification Number (EIN) 91-1108598				
0727 A STI	REET SOUTH				2c 3	Sponsor's telephone number 253-383-4091				
	VA 98444-6023				2d	Business code (see instructions) 331200				
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	ime Same as Pla	an Sponsor Address	3b /	Administrator's EIN 91-1108598				
4 If the r	name and/or EIN of the p	lan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b	EIN				
name		per from the last return/report.	·		4c	PN				
		the beginning of the plan year			5a	19				
b Total r	number of participants at	the end of the plan year			5b	0				
	· ·	count balances as of the end of the pla		•	5c	0				
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (luring the plan year invested in eligible ne annual examination and report of a See instructions on waiver eligibility a er line 6a or line 6b, the plan canno	n independent qualif	ied public accountant (IQ	PA)					
		incomplete filing of this return/repo								
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as wel tte.			,	5 / 11 /				
SIGN			CREIG SUNDSTROM	DM						
	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sigr	ing as plan administrator				
SIGN HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor					
Preparer's		ne, if applicable) and address; include				rer's telephone number (optional)				
For Paperwe	ork Reduction Act Notice	and OMB Control Numbers, see the instr	uctions for Form 550	D-SF.		Form 5500-SF (2012) v. 120126				

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	of Year		
a Total plan assets	. 7a	22077	'8					0	
b Total plan liabilities	. 7b								
C Net plan assets (subtract line 7b from line 7a)	. 7c	22077	8		0				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
a Contributions received or receivable from:	0(4)		0						
(1) Employers	. 8a(1)		0						
(2) Participants	. 8a(2)		0						
(3) Others (including rollovers) b Other income (loss)		180	-						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8b . 8c	100					4.07)7	
d Benefits paid (including direct rollovers and insurance premiums	. 00						180)/	
to provide benefits)	. 8d	22177	0						
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f Administrative service providers (salaries, fees, commissions)	. 8f		0						
g Other expenses	. 8g	81	5						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						2225	85	
i Net income (loss) (subtract line 8h from line 8c)	. 8i						-2207	78	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
					es in th				
				Yes			Amount		
10 During the plan year:a Was there a failure to transmit to the plan any participant contribution			10a	Yes	No X		Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes 	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10a	Yes	No		Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.). 	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10b	Yes	No X		Amount	100000	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind s fidelity bonc her persons l of the benefi an? (See instruct he required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g		No X X X X X X X X X X X X		Amount	100000	
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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 of a 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	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 t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Benefit Plan Benefit Plan Benefit Plan The form in required to be field under sections 4005 of the Employee The form in required to be field under sections 4005 of the Employee Part I Annual Report Identification Information To complete all entries in accordance with the instructions to the Form 500-57. Part I Annual Report Identification Information To accordance with the instructions to the Form 500-57. Complete all entries in accordance with the instructions to the Form 500-57. Complete all entries in accordance with the instructions to the Form 500-57. Complete all entries in accordance with the instructions to the Form 500-57. Complete all entries in accordance with the instructions to the Form 500-57. Complete all entries in accordance with the instruction of the form 100 of form 500-57. Complete all entries in accordance with the instructions to the Form 500-57. Complete all entries in accordance with the instruction of the form 100 of form 500-57. Complete all entries in accordance with the instruction of the form 100 of form 500-57. Complete all entries in accordance with the instruction of the form 100 of form 500-57. C	For	m 5500-SF	Short Form Annual Ref	/00	OMB Nos. 1210-0110 1210-0089					
Department or used Refurement income Security Act of 1974 (ERISA), and sections 0057(b) and 60057(b) This Form is Open to Public Inspection Perticinal Beam Distanty Commuter Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information a single-employer plan (not multimployer) a one-participant plan a one-participant plan B This return/report is : the first return/report a bind plan year return/report (less than 12 months) C Check box if fling under: g one-participant plan B This return/report is : the first return/report a bind plan year return/report (less than 12 months) DFVC program B The return/report is : the first return/report a bind plan year return/report (less than 12 months) DFVC program B special actionation (enter description) meter description) DFVC program go 1 Part I Basic Plan Information - enter al requested information 10 Three-digit plan number (mPloyer, If for a single-employer plan) 20 Employer Identification Number (mPloyer, If for a single-employer plan) 22 Explores a steppone number (MP) 1 = 10.055.98 26 Sp - 3.83 - 4.001 22	Depar	Department of the Treasury Benefit Plan					2012			
Image: Construction	De	partment of Labor	tions 6057(b) and 6058;	(a) of	That official open to r deno					
Part I Annual Report Identification Information 05/16/2013 For calendar plan year baginning 06/01/2012 and ending 05/16/2013 A Thar return/report is in the first return/report is single-employer plan is an anended return/report is a one-participant plan B This return/report is in a maneded return/report is abont plan year charts in plan year bagins in a maneded return/report C Check box if filting under: is an amended return/report is abont plan year charts in plan year bagins in a maneded return/report Part II Basic Plan Information—enter all requested Information if b Three digit (PN) if c Effective date of relan 06/01/1998 28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) vester 1 25 Employer identification Number (PN) (PN) identification as a sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 24 Banness code (see instructions) 10/27 A Street South 25 Employer dentification Number (employer, if for a single-employer plan) 35 -4011/1998 23 Plan administrator's mame and address [Same as Plan Sponsor Address 34 -26 Bonsor's attephone number (25/3-33-40.91					D-SF.	Inspection				
For celondar plan year 2012 or fiscal plan year beginning 06/01/2012 and ending 05/16/2013 A This return/teport is for: B a single-employer plan multiple-employer plan (not multiemployer) a one-participant plan B This return/teport is: In the first return/teport B a bindle employer plan (not multiemployer) a one-participant plan C Check box if filing under: Spaced lastension (enter description) DPVC program Part II Basic Plan Information—enter all requested information 1b This return/teport DPVC program 18 Name of plan WESTERN STEEL PABRICATORS 401 (K) PLAN 1b This return/teport 2b Employer identification Number (employer, if for a single-employer plan) WESTERN STEEL PABRICATORS OF TACOMA, Inc. 2b Employer identification Number (ENV / 1998 and 00 / 1998 and 00 / 1998 and 00 / 00 / 00 / 1998 and 00 / 00 / 00 /	Part	Annual Report Id								
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B This return/report Image: the first return/report </td <td>A This ret</td> <td>urn/report is for:</td> <td>🕅 a single-employer plan 🛛 a</td> <td>multiple-employer pl</td> <td>an (not multiemployer)</td> <td></td> <td>🔲 a one-participant plan</td>	A This ret	urn/report is for:	🕅 a single-employer plan 🛛 a	multiple-employer pl	an (not multiemployer)		🔲 a one-participant plan			
C Check box if filing under:	_		the first return/report	he final return/report			_			
C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 1a Name of plan WestrenN STBEL PABRICATORS 401 (K) PLAN 1b Three-digit plan number (PN) b 001 1c Effective date of plan 06/01/1398 2a Plan aponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (PN) b 001 Vestern Steel Pabricators Of Tacoma , Inc. 2b Employer identification Number (EN) PLAN 253-333-4091 10727 A Street South 2c Sponsor's telephone number (253-333-4091 2d Business code (see instructions) 312200 3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address] 3b Administrator's Ell M Administrator's Ell M Administrator's Ell M Administrator's Ell M Administrator's Steephone number 253-338-4091 2d Business code (see instructions) 312200 3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address] 3b - 00 10727 A Street SOUTH 3c Administrator's steephone number 253-338-4091 TACOMA WA 98444-6023 3b - 00 4 If the name and/or ElN of the plan sponsor has changed since the last return/report. 3b - 00 5a Total number of participants at the beloinning of the plan year. 5)								
Part II Basic Plan Information (enter description) Ib Part II Basic Plan Information	C Check I	oox if filing under:					_			
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WESTERN STEEL PABRICATORS 401 (K) PLAN			nation-enter all requested informati			1b	Three-digit			
Item			ATORS 401(K) PLAN			1922	plan number			
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Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)		Signature of employe	ar/plan sponsor			ual sig	ining as employer or plan sponsor			
	Preparer's r	name (including firm nar	ne, if applicable) and address; include r	room or suite numbe	r (optional)	Prep	arer's telephone number (optional)			
					-					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 6500-SF.

Form 6500-SF (2012) v 120126

7 Plan Assets and Liabilities	84.14.3	(a) Beginning of Yea	r			(b) End	of Yea	ır
a Total plan assets	. 7a	22	2077	8				
b Total plan liabilities	. 7b						_	
C Net plan assets (subtract line 7b from line 7a)	7c	22	2077	8				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	otal	
a Contributions received or receivable from:				0				
(1) Employers	8a(1)		_		-	TRAFES	-	
(2) Participants	8a(2)			0	-		-	-
(3) Others (including rollovers)	8a(3)		180	7		-		1000
b Other income (loss)	8b		100		-			1 0
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			-	18
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22	2177	0	10	<u> </u>		56
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0		100	N.L.	
f Administrative service providers (salaries, fees, commissions)	8f			0				
g Other expenses	. 8g		81	5	1		22	2.11
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		140	11	_			2225
i Net income (loss) (subtract line 8h from line 8c)	8i		44.6	1				-2207
j Transfers to (from) the plan (see instructions)	- 8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	feature code	es from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions:	
b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions				_				
10 During the plan year:	_			Yes	NI-		Amou	int
and the second				res	No			4110
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a	Tes	X			
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10a 10b	Tes		-		
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	uciary Correct t? (Do not inc	ction Program)	10b	X	X			1000
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C 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 negative amount)	· · · · · · · · · · · · · · · · · · ·	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 in any plan year?		X Yes	No
If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year	13a	0
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?			X Yes 🗌 No
C If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)			
13c(1) Name of plan(s):	13	c (2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust	1	4b Trust's E	N