Form	n 5500-SF	Short Form Annua	t of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089					
	ent of the Treasury Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee Re	tirement	rnal This Form is Open to Public Inspection					
Employee Bene	rtment of Labor fits Security Administration fit Guaranty Corporation	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the li de).	nternal						
		 Complete all entries in a dentification Information 	ccordance with the ins	tructions to the Form 550	00-SF.						
		al plan year beginning 01/01/20	015	and ending 12/	31/2015						
A This retur	n/report is for:	x a single-employer plan a one-participant plan	 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan 								
B This return	n/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 mo	nths)						
C Check bo	x if filing under:	Form 5558	automatic extension			DFVC prog	ram				
		special extension (enter descri									
		mation—enter all requested info	ormation		4						
1a Name of GLOBAL MET		TORS, LLC 401(K) PLAN			1b Throplan (PN	number	001				
					1c Effective date of plan 01/01/2015						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Emp (EIN	oloyer Identi	fication Number 910258				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GLOBAL METAL WORKS & ERECTORS, LLC					2c Spo	consor's telephone number 253-572-5363					
1144 THORNE	RD				2d Bus	Business code (see instructions)					
TACOMA, WA						3312	200				
3a Plan adn	ninistrator's name and	address XSame as Plan Sponse	or.		3b Administrator's EIN						
							elephone number				
	IN, and the plan numb	blan sponsor has changed since to be from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN 4c PN						
		t the beginning of the plan year			5a		35				
		t the end of the plan year		F	5b	31					
C Number	of participants with ac	count balances as of the end of the	he plan year (defined be	nefit plans do not	5c						
d(1) Total	number of active parti	cipants at the beginning of the pla	in year		5d(1)		35				
d(2) Total	number of active parti	cipants at the end of the plan yea	r		5d(2)		24				
		rminated employment during the			5e		0				
		incomplete filing of this return					ahla a Qahadala				
SB or Sched		er penalties set forth in the instruct I signed by an enrolled actuary, as ete.									
		alid electronic signature.	03/04/2016	KAREN L. HOWLETT							
SIGN	Signature of plan ad	ministrator	Date	Enter name of individu	of individual signing as plan administrator						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	al signing	as employe	r or plan sponsor				
		me, if applicable) and address (ind	clude room or suite numb	per)	Preparer	s telephone	number				
For Paperwor	k Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 550	0-SF.			Form 5500-SF (2015)				

-	 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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								X	Yes	No No		
с	If the plan is a defined benefit plan, is it covered under the PBGC in							No	Not	determine	ed		
Pa	t III Financial Information												
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Ye	ar			
а	Total plan assets	. 7a			0					183014			
b	Total plan liabilities	. 7b											
С	Net plan assets (subtract line 7b from line 7a)	. 7c			0		183014						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)											
	(2) Participants	8a(2)		99291									
	(3) Others (including rollovers)	8a(3)		95774									
b	Other income (loss)	8b		-7	216								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								232534			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		48	725								
е	Certain deemed and/or corrective distributions (see instructions)	8e											
f	Administrative service providers (salaries, fees, commissions)	8f			795								
g	Other expenses	8g											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								49520			
i	Net income (loss) (subtract line 8h from line 8c)	8i								183014			
j	Transfers to (from) the plan (see instructions)	8j											
Par	t IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 3H	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instru	ctions				
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Coo	des in th	ne instruc	ions:				
Par	V Compliance Questions												
10	During the plan year:				Yes	No	N/A		Amo	ount			
a		itions withi	n the time period										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction			~							
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		X							
	reported on line 10a.)			10b		Х							
C	Was the plan covered by a fidelity bond?			10c	Х					35	5000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х							
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	х						781		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i									
j	Did the plan trust incur unrelated business taxable income?			10j			Х						
Part	VI Pension Funding Compliance			-									
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions a	and cor	nplete	Scheo	dule SB	(Form					
	5500) and line 11a below)	,			•					Yes	No		

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes	X No

Form 5500-SF 2015

Page **3 -** 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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 c	ompleted 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						
-		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)		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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trust's E	IN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

For	m 5500-SF	Short Form Annu	al Return/Report	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	ment of the Treasury al Revenue Service		Benefit Plan		41	2015				
Dep	partment of Labor nefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee Re Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the 1 Revenue Code (the Code).							
	nefit Guaranty Corporation	Complete all entries in :	accordance with the instru		This Form is Open 1 Public Inspection					
Part I	Annual Report le	dentification Information		cuons to the ronn 55	00-01.					
For calenda	r plan year 2015 or fisc		01/01/2015	and ending	12/	31/2015				
A This retu	urn/report is for:	X a single-employer plan a one-participant plan				king this box must attach a th the form instructions)				
B This retu	rn/report is	X the first return/report	the final return/report	kanat lass than 12 m						
		an amended return/report	a short plan year return	report (less than 12 m						
C Check b	ox if filing under:	Form 5558	automatic extension			FVC program				
		special extension (enter desc								
Part II		mation—enter all requested in	formation		41					
1a Name of plan Global Metal Works & Erectors, LLC 401(k) Plan						e-digit number 001				
						tive date of plan 01/2015				
Mailing	address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C			•	oyer Identification Number 45-4910258				
•		, country, and ZIP or foreign post & Erectors,LLC	ai code (il foreign, see instru	icuons)	2c Sponsor's telephone number					
		·			253-572-5363 2d Business code (see instructions)					
1144 T	horne Rd.				331.					
Tacoma		WA 98421-32								
3a Plan ac	dministrator's name and	d address XSame as Plan Spon	sor.		3b Administrator's EIN					
					3C Admi	nistrator's telephone number				
		plan sponsor has changed since ber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN					
a Sponso	or's name				4c PN					
5a Total r	number of participants a	at the beginning of the plan year.			5a	35				
	, ,	at the end of the plan year ccount balances as of the end of			5b	31				
		ccount balances as of the end of			5c	24				
d(1) Tota	al number of active part	icipants at the beginning of the p	lan year		5d(1)	35				
		ticipants at the end of the plan ye			5d(2)	24				
		erminated employment during the			5e	0				
		r incomplete filing of this retur			ise is estal					
SB or Sche	alties of perjury and oth dule MB completed an true, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary, lete	ctions, I declare that I have as well as the electronic ver	examined this return/report sion of this return/report	port, includi t, and to the	ng, if applicable, a Schedule best of my knowledge and				
SIGN Infaulth and				KAREN L. HOWL						
HERE	Signature of plan ac	dministrator	Dele 4/6	Enter name of individ	ual signing	as plan administrator				
SIGN HERE	Signature of omniou	winter sponsor	Date	Enter name of individ		as employer or plan sponsor				
Preparer's	Signature of employ name (including firm na	ame, if applicable) and address (i		telephone number						
	100 July 100				<u></u>					

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use For	ident qualified public ac ons.) rm 5500-SF and must	ccounta instea	nt (IQI d use	PA) Form	5500.	aswa 1	X X		No No No Ined
Par	t III Financial Information										
_	Plan Assets and Liabilities		(a) Beginning	of Yea	r		1	(b) En	d of Y	ear	
	Total plan assets	7a				0					3014
	Total plan liabilities	7b						_			
	Net plan assets (subtract line 7b from line 7a)	70				0				18	3014
	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b)	Total		
	Contributions received or receivable from:		(a) Amou			-		(10)	Total		
	(1) Employers	8a(1)	44685			5					
	(2) Participants	8a(2)	99291			1					
	(3) Others (including rollovers)	8a(3)		9	9577	4	_		_		
b	Other income (loss)	8b		-	-721	6					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_				23	2534
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4	1872	5				1.	
e	Certain deemed and/or corrective distributions (see instructions)	8e				_	_	_	_	_	
f	Administrative service providers (salaries, fees, commissions)	8f			79	5					
g	Other expenses	8g			_		1.1		_		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						49520				
i	Net income (loss) (subtract line 8h from line 8c)	8i				_				18	33014
J	Transfers to (from) the plan (see instructions)	8j									
9a B	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 3H If the plan provides welfare benefits, enter the applicable welfare f										
Parl	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		An	nount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x					
С	Was the plan covered by a fidelity bond?			10c	Х						35000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x					
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	x						781
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		x					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		x					
h		(See instr	uctions and 29 CFR	10g		x					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101							
j	Did the plan trust incur unrelated business taxable income?			10]			x				
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									Yes	No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

11a

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 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 instru- granting the waiver	uctions, and e	nter the Day		ne letter ruli Year	ing	
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 lef 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?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?				Yes 🛛 I	No	
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to					
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information						
14a	Name of trust		14b ⊺	rust's EIN			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		🗌 Ye	s	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- sed safe rbor ethod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii))?	1(m)-	Ye		No	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		0.055	atio rcentage st	Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combit this plan with any other plans under the permissive aggregation rules?		Ye		No		
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the	applicat	ole code _	(See ir	nstructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial numbers of the series	mber				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, entre determination letter		the plai	n's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is		Yes	à	No		
19	Were in-service distributions made during the plan year?		Ye	s	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?		Ye	S	No	[] N/A	