_	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089		
Inter	rnal Revenue Service	This form is required to be filed				2018
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of t Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	
Part I		Identification Information			10 1 10 0 1 0	
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2			2/31/2018	
A This ref	turn/report is for:	a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)
B This ret	urn/report is	a one-participant plan	a foreign plan			
		the first return/report	the final return/report			
•		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram
		special extension (enter descr				
Part II		rmation—enter all requested inf	ormation			
1a Name	•				1b Thre	
ALLIANCE S	STEEL DISTRIBUTORS	S, LLC 401(K) PLAN			plan (PN)	number 001
				-	()	tive date of plan
20.01					0	01/01/2004
Mailing	g address (include roon	/er, if for a single-employer plan) n, apt., suite no. and street, or P.O			ZD Empl (EIN)	oyer Identification Number 48-1290123
-	town, state or province	e, country, and ZIP or foreign posta 5, LLC	al code (if foreign, see insti	ructions)	2c Spor	nsor's telephone number 360-693-0037
				-	2d Busir	ness code (see instructions)
	DEN WAY, SUITE 40A R, WA 98661	A				331200
VANCOUVE	R, WA 90001					
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spor	sor.		3b Admi	nistrator's EIN
				-	3c Admi	nistrator's telephone number
1 If the r	name and/or EIN of the	plan sponsor or the plan name ba	s changed since the last r	aturn/roport filed for	4b EIN	
this pl	lan, enter the plan spor	plan sponsor or the plan name hansor's name, EIN, the plan name a				
a Spons C Plan N	or's name				4d PN	
	Name					
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	25
		account balances as of the end of t			5c	25
d(1) ⊺ot	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	18
		ticipants at the end of the plan yea			5d(2)	22
		terminated employment during the			5e	1
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable cau		
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, a solution				
SIGN		valid electronic signature.	10/03/2019	DOUG BANKS		
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator
SIGN					<u>_</u>	
HERE	Signature of employ	ver/nlan snonsor	Data	Enter name of individu	al eigning	as employer or plan apopart
L			Date		นละ ธาญาแกญ	as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of an independent qualified public accountant (IQPA) Image: Comparison of the annual examination and report of the annual examination and report of the annual examinatin and report of the annual examination an exa								
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	Yes No Not determined					
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year	(See instructions.)					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	2385567	1860188					
b	Total plan liabilities	7b	507	1017					
С	Net plan assets (subtract line 7b from line 7a)	7c	2385060	1859171					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а									

 a Contributions received or receivable from: (1) Employers 	8a(1)	59119	
(2) Participants		24622	
(3) Others (including rollovers)			
b Other income (loss)		-20152	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		63589
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	587342	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	2136	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		589478
i Net income (loss) (subtract line 8h from line 8c)	8i		-525889
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics		· · · ·	

Pan	t I V	Pla	in Ci	iara	cteri	Stics)		
									applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2E	2F	3B	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	During the plan year:		Yes	No	Amount
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		120
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	. 10b		Х	
С	Was the plan covered by a fidelity bond?	· 10c	Х		300000
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	х		8452
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 year-end.)	· 10g	Х		50638
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				

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

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HERE	HERE	Signature of plan a	administrator	Date	Enter name of individual	signing a	as plan administrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons	and the second se								
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (20					Enter name of individual	signing a	as employet or plan sponsor Form 5500-SF (2018)		

Form 5500-SF (2018)

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
	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.)	X Yes 🗋 No
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
		, (See instructions.)

7 Plan Assets and Liabilities	12.2	(a) Beginning o	f Year			(b) End of Year
a Total plan assets	7a	2,.	385,5	567		1,860,18
b Total plan liabilities	7b		Į.	07		1,01
C Net plan assets (subtract line 7b from line 7a)	7c	2,	385,0	060		1,859,17
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	:			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	1	59,1	1.1.9		
(2) Participants	8a(2)		24,6	522		Summer and the
(3) Others (including rollovers)	Ba(3)					
b Other income (loss)	8b		-20,3	152	1	and the second second
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					63,58
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	Bd		587,3	342		
e Certain deemed and/or corrective distributions (see instructions)	8e				1	and the second
f Administrative service providers (salaries, tees, commissions)	8f		2,	136		
g Other expenses	8g		_			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					589,47
i Net income (loss) (subtract line 8h from line 8c)						-525,88
T Net medine 1035/ Subtractime of norm me de	81					
J Transfers to (from) the plan (see instructions) Part IV Plan Characteristics Part IV Plan Characteristics<	8j feature cod			_		n the instructions:
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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)			Yes No
11a	Enter the unpaid minimum required contributions 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 ERISA?			🗌 Yes 🕱 No
	(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 instructions, and granting the waiverMonth	d enter Da		Year
lf y	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 of a negative amount)	12d		
Q	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 brought under the control of the PBGC?			Yes X No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred.) to		
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)