

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans 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.**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ <u>002</u>
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC. MICHAEL D. GRAY 315 INDUSTRIAL WAY SW CLEVELAND, TN 37311	1c Effective date of plan <u>04/01/1985</u>
2b Employer Identification Number (EIN) <u>73-1702755</u>	2c Plan Sponsor's telephone number <u>423-472-4832</u>
2d Business code (see instructions) <u>331310</u>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	06/12/2023	MICHAEL D GRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2023	MICHAEL D. GRAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">6</td> </tr> </table>	5	6																
5	6																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%; text-align: right;">4</td> </tr> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="width:90%; text-align: right;">6</td> </tr> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6c</td> <td style="width:90%; text-align: right;">2</td> </tr> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="width:90%; text-align: right;">8</td> </tr> <tr> <td style="width:10%; text-align: center;">6e</td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="width:10%; text-align: center;">6f</td> <td style="width:90%; text-align: right;">8</td> </tr> <tr> <td style="width:10%; text-align: center;">6g</td> <td style="width:90%; text-align: right;">8</td> </tr> <tr> <td style="width:10%; text-align: center;">6h</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	6a(1)	4	6a(2)	6	6b	0	6c	2	6d	8	6e	0	6f	8	6g	8	6h	0
6a(1)	4																		
6a(2)	6																		
6b	0																		
6c	2																		
6d	8																		
6e	0																		
6f	8																		
6g	8																		
6h	0																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%; text-align: right;">7</td> </tr> </table>	7	7																
7	7																		
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																			
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor																		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																			
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)																		

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>73-1702755</u>

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	503059	483972
b Total plan liabilities	1b	1134	
c Net plan assets (subtract line 1b from line 1a).....	1c	501925	483972
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers.....	2a(1)	50000	
(2) Participants.....	2a(2)		
(3) Others (including rollovers).....	2a(3)		
b Noncash contributions.....	2b		
c Other income.....	2c	-67953	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		-17953
e Benefits paid (including direct rollovers).....	2e		
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Administrative service providers (salaries, fees, and commissions).....	2h		
i Other expenses.....	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i).....	2j		
k Net income (loss) (subtract line 2j from line 2d).....	2k		-17953
l Transfers to (from) the plan (see instructions).....	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans.....	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property.....	3g		X	

Part II Compliance Questions

	Yes	No	Amount
4 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b	X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c	X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d	X	
e Was the plan covered by a fidelity bond?	4e	X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h	X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X	
l Has the plan failed to provide any benefit when due under the plan?	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m	X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

2022 Form 5500 e-file Signature Authorization

AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC.
AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC PROFIT SHARING
PLAN 002
315 INDUSTRIAL WAY SW
CLEVELAND, TN 37311

Employer Identification Number: 73-1702755

Client Identification Number: AMERSTAIN

You, as plan administrator, are authorizing that MCCULLOUGH & COMPANY, PC CPA'S electronically file the 2022 Form 5500 for AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC PROFIT as an EFAST2 Service Provider.

Authorization

As plan administrator for AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC PROFIT, I authorize MCCULLOUGH & COMPANY, PC CPA'S to electronically file Form 5500 for the tax year 2022. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:



Plan Administrator Authorization _____

Date: 06/16/2023

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210 - 0110
1210 - 0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____



- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here }
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here }

Part II Basic Plan Information—enter all requested information

1a Name of plan AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC PROFIT SHARING PLAN		1b Three-digit plan number (PN) } 002
		1c Effective date of plan 04/01/1985
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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC. MICHAEL D. GRAY 315 INDUSTRIAL WAY SW CLEVELAND TN 37311		2b Employer Identification Number (EIN) 73-1702755
		2c Plan Sponsor's telephone number 423-472-4832
		2d Business code (see instructions) 331310

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.


Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE		06/16/2023	MICHAEL D GRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		06/16/2023	MICHAEL D. GRAY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)

SIGNATURE CERTIFICATE




REFERENCE NUMBER
B0297FD3-0207-487C-8EE8-7E5E73C24E6F

TRANSACTION DETAILS	DOCUMENT DETAILS
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<p>Reference Number B0297FD3-0207-487C-8EE8-7E5E73C24E6F</p> <p>Transaction Type Signature Request</p> <p>Sent At 06/15/2023 12:31 EDT</p> <p>Executed At 06/16/2023 09:53 EDT</p> <p>Identity Method email</p> <p>Distribution Method email</p> <p>Signed Checksum bbd624756301629b4f33112ca103e3dd407e73c8c854fb7ba54670283c20b93f</p> <p>Signer Sequencing Disabled</p> <p>Document Passcode Disabled</p>	<p>Document Name American Stainless 5500 Form</p> <p>Filename american_stainless_5500_form.pdf</p> <p>Pages 2 pages</p> <p>Content Type application/pdf</p> <p>File Size 18 KB</p> <p>Original Checksum 299348c10c9d628163185ca6384f6c3f4d2fc401b79d24ba78747496cc61eb35</p>
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SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name American Stainless</p> <p>Email americanstainless@msn.com</p> <p>Components 6</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum e3de5b24d6be16b74f4f6c72465d2e9c960c10c7cb3c14eac5b2fcf9ea43f8b2</p> <p>IP Address 174.208.224.30</p> <p>Device Chrome Mobile via Android</p> <p>Drawn Signature </p> <p>Signature Reference ID 5F5EAF8B</p> <p>Signature Biometric Count 8</p>	<p>Viewed At 06/16/2023 09:52 EDT</p> <p>Identity Authenticated At 06/16/2023 09:53 EDT</p> <p>Signed At 06/16/2023 09:53 EDT</p>

AUDITS

TIMESTAMP	AUDIT
06/15/2023 12:31 EDT	Samantha Morrissey (smorrissey@mcculloughco.com) created document 'american_stainless_5500_form.pdf' on Chrome via Windows from 70.89.51.145.
06/15/2023 12:31 EDT	American Stainless (americanstainless@msn.com) was emailed a link to sign.
06/16/2023 09:51 EDT	American Stainless (americanstainless@msn.com) viewed the document on Chrome Mobile via Android from 174.208.224.30.
06/16/2023 09:52 EDT	American Stainless (americanstainless@msn.com) viewed the document on Chrome Mobile via Android from 174.208.224.30.
06/16/2023 09:53 EDT	American Stainless (americanstainless@msn.com) authenticated via email on Chrome Mobile via Android from 174.208.224.30.
06/16/2023 09:53 EDT	American Stainless (americanstainless@msn.com) signed the document on Chrome Mobile via Android from 174.208.224.30.