Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number COASTLINE FABRICATORS INC 401K PLAN (PN) ▶ 001 1c Effective date of plan 04/01/1976 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number COASTLINE FABRICATORS INC 91-1564835 (EIN) 2c Sponsor's telephone number 253-472-7997 **6705 S ADAMS TACOMA, WA 98409** 2d Business code (see instructions) 332700 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1564835 COASTLINE FABRICATORS INC **6705 S ADAMS TACOMA, WA 98409 3c** Administrator's telephone number 253-472-7997 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 10 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 10 complete this item)..... **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) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 453713 516366 Total plan assets..... 7a 7b Total plan liabilities..... 453713 516366 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 23041 8a(1) (1) Employers 23505 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 16116 **b** Other income (loss)..... 8b 62662 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 9 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 62653 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Part IV	Plan	Characteri	ietice
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- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 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:

art V Compliance Questions		•	•				
0 During the plan year:		Yes	No		Amo	unt	
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)	10a		X				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C Was the plan covered by a fidelity bond?	10c	X					5000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X					
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	X					74
f Has the plan failed to provide any benefit when due under the plan?	10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	Oa X					
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	10i						
art VI Pension Funding Compliance	•	•					
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))						Yes	X N
(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 instrugranting the waiver	nth	——					
b Enter the minimum required contribution for this plan year							
 c Enter the amount contributed by the employer to the plan for this plan year	t of a		12c 12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Пи	0	N//
art VII Plan Terminations and Transfers of Assets			·····				1
3a Has a resolution to terminate the plan been adopted in any plan year?			\Box	res X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a		00 11	-110		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol		П	Yes	<u> </u>
C 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 pla	n(s) to)		Ш		Δ.
13c(1) Name of plan(s):		13	c(2) El	N(s)	1	13c(3) PN(s	
					I		
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establ	ısnea.			

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.	06/28/2012	KRISSYHEINS
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-\$F

Department of the Treasury Internet Revenue Service

Department of Labor Employee Benefits Security Admir/screton

Short Form Annual Return/Report of Small Employee Benefit Plan

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2011

OMB Nos. 1210-0110 1210-0089

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P	emiljon ji	enelit Guaranty Corporation	▶ Complete all entrice in ac	cordance with i	the instructions to the Form 5500	-6F.				
P	ert 1	Annual Report Id	entification information							
For	calend	er plan year 2011 or flags	el plan year beginning	01/01/20			<u> 12/31/201:</u>			
A ·	This re	turn/report is for:	x a single-employer plan	a multiple-e	mployer plan (not multiemployer)		🔛 🛊 one-participa	ınt plan		
В	This re	turn/report is:	the first return/report	the final ret	um/report					
		Ţ	an amended return/report	a short plan	year return/report (less than 12 mc	onthe)				
C	Check	box if filing under:	Form 6565	automatic e	edension		DFVC program	n		
_	••		special extension (enter desor	1ption)						
Pr	ert II	Beeic Plan Inform	metion—enter all requested inf							
		of plan	HIRTOIT Office an independent			1b	Three-digit	· · •		
		•	ORS INC 401K PLAN				plan number	001		
						10	(PN) P	001		
					1	10	04/01/1976			
2=	Dien e	tooneor's name and add	ess; include room or suits numbe	r (employer, If f	or e single-employer plan)	2b	Employer Identifi			
		TLINE FABRICAT		(cinprojenja)		-	(EIN) 91-1564			
						2c	Sponsor's teleph			
							<u>(253) 472-</u>			
	6705	S ADAMS				2d	Business code (s	ee instructions)		
	TACC				WA 98409_	- Alb	32700			
32	Plen (signatura de se plen sponso	r, enter "Same"		30	Administrator's E	IN		
		-				3c	Administrator's to	elephone number		
4			plan sponsor has changed since	the last return/re	port filed for this plan, enter the	4b	EIN			
_		e, EIN, and the plan numi sor's name	ber from the lest return/report.			46	PN			
			t the healpains of the plan year			Sa.		12		
	Sa Total number of participants at the beginning of the plan year					8b				
	C Number of participants with account belances as of the end of the plan year (defined benefit plans do not					-	 	10		
						5c		10		
6a	Wen	e all of the plan's assets (during the plan year invested in a	ligible assets? (9ee Instructions.)			X Yes No		
b	Are y	you claiming a waiver of t	he annual examination and repor	t of en Indepond	DI) metroccos oliduq befillaup met	PA)		M Yes No		
	unde	or 29 CFR 2520,104-46?	(See instructions on waiver eligib	ility and condition	ns.)		****************	M 100 140		
P:	ert III		<u>ner ee or ee, wie wen genner w</u> Letton					-		
7	, , , , , , , , , , , , , , , , , , , 	Assets and Liabilities		1	(a) Beginning of Year	Т	(b) End	of Year		
_		plen esects		., 7e	453,71	.3		516,360		
ь			(5) (4) (4) (4)							
C		-	76 from line 74)		453,71	. 3		516,360		
8		me, Expenses, and Trans			(a) Amount		(b) T			
•		ributions received or rece								
	(1) I	Emplo yers		Sp(1)	23,04	_				
	(Z) I	Participants		<u>8a(2)</u>	23,50	25	• • •			
	(3)	Others (including rolloyen	a)	<u>Se(3)</u>	· - · · ·		· · · · · · · ·			
b					16,11	L 6	· ·			
G			, 6e(2), 6e(3), and 6b)		<u> </u>			62,662		
d			rollovers and insurance premium	10 ma		9				
_	•	,	stive distributions (see instruction			┥"				
•			ors (seignes, foos, commissions).			\dashv				
a		•	11.2 (dilitinas, 1986, Collisinosions).			\dashv				
h			, 8e, 8f, and 8g),			十	<u> </u>			
1			, as, or, and og) 			┪	_	62, 653		
i			ee instructions)		, ,	亻		VE.7 V.V.		
For			MB Control Humburs, see the Instruction				····	Périn 6600-8F (2011)		
								64 644 4		

		Form 5500-8F 2011		Page	2-				_	•====		
Par	t IV	Plan Characteristics								<u> </u>		
9a	If th	s plan provides pension benefits, enter the applicable pension fest	ure co	dee from	the	List of Plan Chart	icheria	tic Co	des in	the instructi	me:	
þ	if th	25 2F 2G 2J 2K 2T 3D e plan provides welfere benefits, enter the applicable welfere feetu 	iue čod	ies from	the L	et of Plan Chered	oterist _	o Cod	ee in ti	ne instruction	16:	
Part	V	Compliance Questions										
10	Du	ring the plan year:						Y	No		mount	
•	Wi	is there a failure to transmit to the pien any perticipant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	is With ry Coi	in the time	mani Isoper	riod described in	100		x			
Ь	W	re there any nonexempt transactions with any party-in-interest? (I	Do nat	: Inalude 1	rener	ections reported						
		line 10s.)					10b		Х			50,000
C		as the plan covered by a fidelity bond?					100	Х	-			50,000
đ	OF (i the plan have a lose, whether or not reimbursed by the plan's fide tishonesty?				***************************************	10d		х			
•	W	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the	pereor	ne by en	insum er Kos	ence cerrier,						
	Ine	(ructione.)			•••••		100	х				740
f	He	s the plan falled to provide any bonefit when due under the plan? .	••••••				10f		х			
9		i the plan have any participant loans? (If "Yes," enter amount as o					100		X_			,
h	lf t 25	nis is en individual account plan, was them a blackout period? (8e 20.101-3.)	e Ineti	ructions (nd 21	D CFR	10h		х			
I	If 1	Oh was answered "Yes," check the box if you either provided the respitons to providing the notice applied under 29 CFR 2520.101-3	equin	ed notice	or on	e of the	101					
Pari		Pension Funding Compliance								<u> </u>		
11	le 1	his a defined benefit plan subject to minimum funding requirement	*? (If	"Yes," se	e ins	tructions and com	piete	Sohed	juje SI	3 (Form	П У	* X No
12		this a defined contribution plan subject to the minimum funding rec										A X No
14		Yes," complete 12g or 12b, 12c, 12d, and 12e below, as applicab		101105 (1)	- CLIU	11 4 12 01 11 10 0000	9 UI 184	,000011	302 UI	ENIONI	ш	
	If a	walver of the minimum funding standard for a prior year is being a	amorti	zed in th	e pie	n year, see instru	ctions	, and e	enter ti	ne date of th	e letter	ruling
16	gri	inting the walver	,		······	Mor	1th		Day	 '	/eer	
b		ter the minimum required contribution for this plan year						Г	12b	Ţ		
C		er the amount contributed by the employer to the plan for this plan							12c	-		
d	9 4	ptract the amount in line 12c from the amount in line 12b. Enter the	e resu	it (enter a	t min	us sign to the left	of a		12d			
•	-	the minimum funding amount reported on line 12d bo met by the								Yes	No	☐ N/A
Pert		···										
134	He	s a resolution to terminate the plan bean adopted in any plan year?					·			Yes X No		
		Yes," enter the amount of any plan assets that reverted to the emp						3e				
þ	Wi of	ere all the plan seasts distributed to perticipents or beneficiaries, to the PBGC?	enefe	red to er	other	plan, or brought	unde	the oc	ontrol			n X No
C	lf c	turing this plan year, any assets or liabilities were transferred from Ich essets or liabilities were transferred. (See instructions.)										
	13o(1) Name of plan(s):						\Box	13o(2) EIN(s) 13c(3			(3) PN(s)	
	41.						بل				<u> </u>	
		A penalty for the late or incomplete filling of this return/repormation of perjury and other penalties set forth in the instructions, it										shedule
8B (er Т	hedule MB completed and eigned by an enrolled actuary, as well a strue, correct, and complete.	in the	electroni	C VIII	tion of this return	/mpor	t, and	to the	best of my k	nowied:	de suq
	1	Carried Carried	6	~5	12	ALA	N	н		MYT		
HE		Signature of plan administrator	Dete			Enter name of l						
BIG	IN											
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