Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance witi	n the instructions to the Form 55	JU-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
A	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 n	nonths)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		Į.	
Dr	art II Basic Plan Information—enter all requested informa				
	·	ation		1h	Three-digit
	Name of plan EN BROTHERS, INC. 401(K) PLAN				plan number
TULO					(PN) • 001
				1c	Effective date of plan
					01/01/2007
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)		Employer Identification Number
INILO	EN BROTHERS, INC			-	(EIN) 91-0873751
				2c	Sponsor's telephone number
	FIRST STREET			24	360-479-6943
DKEI	MERTON, WA 98312			Zu	Business code (see instructions) 441221
32	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN
	EN BROTHERS, INC 5205 FIRST S	STREET		35	91-0873751
	BREMERTON	N, WA 983	12	3c	Administrator's telephone number
				1	360-479-6943
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	-			_	25
b	Total number of participants at the end of the plan year			- Ou	18
				ac	
С	Number of participants with account balances as of the end of the p complete this item)	• ,	·	5c	17
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	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		•		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information		T	1	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	669645		613545
b	Total plan liabilities	. 7b			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	669645		613545
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	90(4)	20175		
	(1) Employers	8a(1)	44640		
	(2) Participants	8a(2)	44040		
L	(3) Others (including rollovers)	8a(3)	-25087		
b	Other income (loss)		-23067		39728
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			39720
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	95828		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			95828
i	Net income (loss) (subtract line 8h from line 8c)				-56100
j	Transfers to (from) the plan (see instructions)				
-		· ~,	1		

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Part IV	Plan Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 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:

) a	During the plan year:		Yes	No		Amo	unt
	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		Ame	· · · · · · · · · · · · · · · · · · ·
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				9500
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		X			
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.)	10g		Χ			
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 com 5500))						Yes X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
			Г	401			
	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	of a		12b 12c 12d			
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d	☐ Ye		
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d	Ye		lo N/A
c d e	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	of a		12c 12d		s N	
c d e	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12c 12d			
e art 3a	Enter the amount contributed by the employer to the plan for this plan year	of a	3a the co	12c 12d		s No	lo N/A
e art 3a	Enter the amount contributed by the employer to the plan for this plan year	of a	3a the co	12c 12d 		s No	
c d eart 3a b	Enter the amount contributed by the employer to the plan for this plan year	of a	3a the co	12d		s	lo N/A
c d e art 3a b c	Enter the amount contributed by the employer to the plan for this plan year	of a	3a the co	12d	Yes)	s	lo N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/29/2012	BRIAN NILSEN
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-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

■ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan ear beginning 01/01/2011		and endin 1	2/31/2	2011			
A	This return/report is for: $ X $ a single-employer plan $\overline{0}$	a multiple-	employer plan (not multiemployer)		a one-participa	nt plan		
В	his return/report is: 0 the first return/report	the final re	turn/report					
	an amended return/report 0 a	short plan	year return/report (less than 12 mg	nths)				
C C	neck box if filing under: 5 Form 5558	automatic	extension		DFVC program	1		
0 0.	special extension (enter description	1)	•		<u> </u>			
Pa	rt II Basic Plan Information—enter all requested informa	<u></u>						
	Name of plan	cion		lb	Three-digit			
_	EN BROTHERS, INC. 401(K) PLAN				plan number	001		
	-, -, -, -, -, -, -, -, -, -, -, -, -, -				(PN) 0'	001		
				С	Effective date of p 01/01/20			
2a	Plan sponsor's name and address; include room or suite number (em EN BROTHERS, INC	nployer, if for a single-employer plan)		2b Employer Identification Number				
IVILO	EN BROTTERS, INC				(EIN) 91-08737			
				2c	Sponsor's telepho			
	FIRST STREET			24	360-479- Business code (se			
BREI	1ERTON WA 98312			Zu	441221	ee mstructions)		
	Plan administrator's name and address (if same as plan sponsor, ent	er "Same")		3b	Administrator's El	[N		
SAM					91-0873			
				3c	Administrator's te 360-479-			
4	If the name and/or EIN of the plan sponsor has changed since the last	t return/re	port filed for this plan, enter the	4b	EIN			
3	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI			
	Total number of participants at the beginning of the plan year				FIN	25		
				5a				
b	Total number of participants at the end of the plan year			5a 5b		18		
		an year (d	efined benefit plans do not					
ь С	Total number of participants at the end of the plan year	an year (d	efined benefit plans do not	5b 5c		18		
b C ———————————————————————————————————	Total number of participants at the end of the plan year	an year (de	efined benefit plans do not See instructions.)	5b 5c PA)		18 17 >7 Yes No		
b C ———————————————————————————————————	Total number of participants at the end of the plan year	an year (de sassets? (sin independent condition	efined benefit plans do not See instructions.) dent qualified public accountant (ICII	5b 5c PA)		18 17		
b C 6a b	Total number of participants at the end of the plan year	an year (de sassets? (sin independent condition	efined benefit plans do not See instructions.) dent qualified public accountant (ICII	5b 5c PA)		18 17 >7 Yes No		
b C 6a b	Total number of participants at the end of the plan year	an year (de sassets? (sin independent condition	See instructions.) dent qualified public accountant (ICII ns.) SF and must instead use Form 556	5b 5c PA)	<u>-</u>	18 17 >7 Yes No X Yes No		
6a b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	an year (de assets? (se assets? (se assets) or independent condition or in 5500-	efined benefit plans do not See instructions.)	5b 5c 		18 17 >7 Yes No X Yes No		
b C 6a b Pa 7 a	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year invested in eligible are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	an year (do	See instructions.) dent qualified public accountant (ICII ns.) SF and must instead use Form 556	5b 5c 	<u>-</u>	18 17 >7 Yes No X Yes No		
b C 6a b	Total number of participants at the end of the plan year	an year (do	See instructions.)	5b 5c PA)	<u>-</u>	18 17 27 Yes No X Yes No Of Year 613545		
6a b Pa 7 a b c	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an year (do	See instructions.)	5b 5c PA)	(b) End (18 17 27 Yes No X Yes No Of Year 613545		
6a b Pa 7 a b c 8	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year line item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fot III Financial Information Plan Assets and Liabilities Total plan assets	an year (do	See instructions.)	5b 5c PA)	<u>-</u>	18 17 27 Yes No X Yes No Of Year 613545		
6a b Pa 7 a b c	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an year (do	See instructions.)	5b 5c 2A)	(b) End (18 17 27 Yes No X Yes No Of Year 613545		
6a b Pa 7 a b c 8	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year line this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	an year (do	Gee instructions.)	5b 5c 	(b) End (18 17 27 Yes No X Yes No Of Year 613545		
6a b Pa 7 a b c 8	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year line and it is item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from (1) Employers	an year (do	See instructions.)	5b 5c 	(b) End (18 17 27 Yes No X Yes No Of Year 613545		
6a b Pa 7 a b c 8	Total number of participants at the end of the plan year	an year (do	See instructions.)	5b 5c	(b) End (18 17 27 Yes No X Yes No Of Year 613545		
6a b Pa b C 8 a	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year line this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	an year (do	Gee instructions.) See instructions.) Sent qualified public accountant (ICII ns.) SF and must instead use Form 556 (a) Beginning of Year 669645 (a) Amount 20175	5b 5c	(b) End (18 17 27 Yes No X Yes No Of Year 613545		
b C 6a b Pa 7 a b c b b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year line and it is item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	an year (do	Gee instructions.) See instructions.) Sent qualified public accountant (ICII ns.) SF and must instead use Form 556 (a) Beginning of Year 669645 (a) Amount 20175	5b 5c	(b) End (18 17 →7 Yes No X Yes No Of Year 613545 613545		
6a b Pa 7 a b C 8 a	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year line plan year invested in eligible are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	see instructions.)	5b 5c	(b) End (18 17 →7 Yes No X Yes No Of Year 613545 613545		
6a b Pa 7 a b c 8 a b c d e	Total number of participants at the end of the plan year	7a	see instructions.)	5b 5c	(b) End (18 17 →7 Yes No X Yes No Of Year 613545 613545		
6a b Pa 7 a b c 8 a b c d e f	Total number of participants at the end of the plan year	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d Be 8f	see instructions.)	5b 5c	(b) End (18 17 →7 Yes No X Yes No Of Year 613545 613545		
6a b Pa 7 a b c 8 a b c d e f g	Total number of participants at the end of the plan year	an year (do	see instructions.)	5b 5c	(b) End (18 17 →7 Yes No X Yes No Of Year 613545 613545		
6a b Pa 7 a b c 8 a b c d e f g	Total number of participants at the end of the plan year	an year (do	see instructions.)	5b 5c	(b) End (18 17 27 Yes No X Yes No Of Year 613545 613545 0tal		
6a b Pa 7 a b c 8 a b c d e f g	Total number of participants at the end of the plan year	an year (do	see instructions.)	5b 5c	(b) End (18 17 27 Yes No X Yes No of Year 613545 613545 39728		

	Form 5500-SF 2011 Page 2 - 1		_			
	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics					
Part	V Compliance Questions					
10	During the plan year:		Yes	No	А	mount
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		Х		
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			95000
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		Х		
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		
1	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.)	lOg		Х		
h	If this is an individual account plan, was there a blackout period'? (See instructions and 29 CFR 2520.101-3.)	10h		х		
Í	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	loi				
Part	VI Pension Funding Compliance					
11 Is	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete S	Schedu	ıle SB (Form	<u>n Yes</u> 7 No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ei Yes 7 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	tions,	and en	iter the	date of the	
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 negative amount)	of a		12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N/A
<u>Part</u>	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		.3a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					····· Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.	he plar				
	13c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	ıse is	<u>establ</u> i:	shed.	
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r					
belie	f, it is true, cqrt t, and complete.					

-1 1—

Date

Date

SIGN HERE

SIGN HERE SigWature of plan administrator

Signature of employer/plan sponsor

BRIAN NILSEN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor