## 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

2012

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acco	ordance	with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pá	art I	Annual Report I	dentification Information						
For	calenda	ar plan year 2012 or fise	cal plan year beginning 01/01/20	012		and ending	12/31/2	2012	
		diff, 10 port 10 for:	a single-employer plan			an (not multiemployer)		a one-partici	oant plan
В	This ret	urn/report is:	the first return/report		nal return/report				
			an amended return/report	a shor	t plan year return	/report (less than 12 m	ionths)		
С	Check b	oox if filing under:	Form 5558	autom	natic extension			☐ DFVC progra	am
			special extension (enter descrip	otion)					
Pa	art II	Basic Plan Infor	mation—enter all requested infor	rmation					
	Name						1b	Three-digit	
COAS	STLINE	FABRICATORS INC 4	01K PLAN					plan number	004
							10	(PN)	001
							10	Effective date o	•
2a	Plan sr	nonsor's name and add	dress; include room or suite number	· (employe	er if for a single-e	employer plan)	2h	Employer Identi	
		FABRICATORS INC	mode, morade reem of carte frameer	(omploy	or, ir for a omigro c	mployor plany			64835
							2c	Sponsor's telep	hone number
6705	S ADAI	MS						253-47	
		/A 98409					2d	(see instructions)	
								33270	00
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponso	r Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							30	A desiniate at a ria	talanhana numbar
							30	Administrators	telephone number
4	If the n	name and/or EIN of the	plan sponsor has changed since th	ne last reti	urn/report filed for	r this plan, enter the	4b	EIN	
		•	nber from the last return/report.						
		or's name					4c	PN	
5a			at the beginning of the plan year				5a		10
b	Total r	number of participants a	at the end of the plan year				5b		10
С			account balances as of the end of th		`	•	5c		10
		•	during the plan year invested in elig	-	•	*			X Yes   No
b			the annual examination and report of (See instructions on waiver eligibility)						X Yes No
			ther line 6a or line 6b, the plan ca	-	,				
Cau	ıtion: A	penalty for the late o	or incomplete filing of this return/	report wi	II be assessed u	ınless reasonable caı	use is	established.	
			er penalties set forth in the instruction						able, a Schedule
			d signed by an enrolled actuary, as	well as th	ne electronic vers	ion of this return/repor	t, and	to the best of my	knowledge and
bell	ei, it is t	rue, correct, and comp	lete.						
SIG	N	Filed with authorized/v	valid electronic signature.	05	5/13/2013	RACHEL BOSWORTI	Н		
HE		Signature of plan ad		D:	ate	Enter name of individ	lual sic	ning as plan adr	ninistrator
CIO		Orginature or plant ad	- Innibitator		ato	Enter name of marvia	idai oig	griirig do pidir dai	imiotrator
SIG									
		Signature of employ	/er/plan sponsor ame, if applicable) and address; incl		ate	Enter name of individ			er or plan sponsor number (optional)
rie	parer S I	name (including ilim na	ime, ii applicable) and address; inci	idde 100ff	i or suite number	(υριιυπαι)	Frep	arer s teleprione	number (optional)

Par	t III Financial Information												
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year						
а	Total plan assets	7a	51636		577994								
	Total plan liabilities	7b		0				0					
С	Net plan assets (subtract line 7b from line 7a)	7с	51636	66					577994	1			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total					
	Contributions received or receivable from:		(4) 7 1110 4111				(4)						
	(1) Employers	8a(1)	1449	6									
	(2) Participants	8a(2)	2648	34									
	(3) Others (including rollovers)	8a(3)		0									
b	Other income (loss)	2068	3										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							61663				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0									
е	Certain deemed and/or corrective distributions (see instructions)	8e		0									
f	Administrative service providers (salaries, fees, commissions)	8f	3	5									
g	Other expenses	8g		0									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							35	5			
i	Net income (loss) (subtract line 8h from line 8c)	8i							61628	3			
j	Transfers to (from) the plan (see instructions)	8i		0									
Par	t IV Plan Characteristics												
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	3:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instruc	tions:					
Part	Part V Compliance Questions												
10	During the plan year:				Yes	No		Λm	ount				
а				10a	100	X		AIII	Juni				
b		? (Do not i	include transactions reported	10a		X							
С	Was the plan covered by a fidelity bond?				Χ						_		
				10c						500	)00		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c												
	instructions.)			10e	X					8	306		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X							
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х							
h		(See instru	uctions and 29 CFR	10g		X							
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	ne required	d notice or one of the	10ii									
Dort		1-3		101									
11	Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form												
	5500) and line 11a below)							.	Yes	X	No		
	11a Enter the amount from Schedule SB line 39												
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction	302 of	ERISA?.		Yes	X	No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of	the le		ing			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1						
h	Enter the minimum required contribution for this plan year					12b							

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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		
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?		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 of the PBGC?	control		Yes X No
С	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. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Department of the Treesury 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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		<b>Identification inf</b>						1 12 12	
For calend	ar plan year 2012 or fi	scal plan year beginni	**************************************	/01/2012	and ending		12/31/201	.2	
A This rel	tum/report is for:	a single-employe	rplan 🔲 a	multiple-employ	er plan (not multiemployer)		a one-partici	pant plan	
B This ref	turn/report is:	the first return/re	port 🛚 t	he final retum/re	port				
		an amended retu	m/report [] a	a short plan year	return/report (less than 12 r	nonth	8)		
C Check	box if filing under:	Form 5558	_ e	automatic extens	ion		DFVC progra	am	
		special extension	(enter description)	)_					
Part II	Basic Plan info	rmation—enter all	requested informati	on					
1a Name	of plan					1b	Three-digit		
COAS	TLINE FABRICA	TORS INC 401K	PLAN			1	plan number (PN)	00	1
						1c	Effective date of		
(a) (a)							04/01/197		
	ponsor's name and ad TLINE FABRICA	dress; include room of TORS INC	r suite number (em	ployer, if for a si	ngle-employer plan)	2b	Employer Identif	fication Nu 4835	nber
						2c	Sponsor's telep (253) 472-		er
6705	S ADAMS					2d	Business code (	see instruc	tions)
TACO				-	WA 98409	L	332700		
3a Plan a	dministrator's name a	nd address XSame a	s Plan Sponsor Na	me Same as	Plan Sponsor Address	3b	Administrator's	EłN	
						3c	Administrator's	telephone r	umber
4 If the	name and/or EIN of the	e plan sponsor has ch	enged since the las	t retum/report fil	ed for this plan, enter the	4h	EIN		
name	EIN, and the plan nu	mber from the last retu			ou tot allo plant, ottor allo	0.0			
	or's name	-10-1-1-1-1-1				-	PN		
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A A			-			10
						<u>5b</u>			10
		account balances as o			penelit plans do not	5c			10
6a Were	all of the plan's asset	s during the plan year	invested in eligible	assets? (See in:	structions.)			X Yes	No
b Are yo	ou claiming a waiver o	f the annual examinati	on and report of an	indepandent qu	alifiad public accountant (IC	PA)		X Yes	Пы
under # vou	29 CFR 2520.104-46	? (See instructions on ther line 6s or line 6	waiver eligibility an	d conditions.)	-SF and must instead use	Form	5500	M res	∐No
VEV NEW 15		at 1 William Especia	empolitare the second	TEL SERVICE	sed unless reasonable car	702-7			
					ave examined this return/re			able, a Sch	edule
SB or Sche		nd signed by an enroll			c version of this return/repor				
SIGN	D Wa		SU (2) A 35-184	5/6/1	3 Avans		CAMP	11	
HERE	Signature of plan s	deniale trader	1	Date					
SIGN	Oldiemia oi bigi e	Militiandrol	(-)	Date	Enter name of individ	uai si	gning as pian aon	ninisuator	
SIGN	Slaneture of ample	undalan ananaa		Data	Fater name of ladicity				
Preparer's	Signature of emplo name (including firm r	name, if applicable) an	d eddress; include	Date room or suite nu	Enter name of individ mber (optional)		aning as employe parer's telephone		
						' '			
						_			
	21 21 21 21				_			1/10	

Pa	t iii Financial Information								_	
7	Plan Assets and Liabilities		(a) Beginning of Yes	ır	Т	-	(b) End	of V	ear	
-	Total plan assets	7a		6,36	6					7,994
	Total plan liabilities									0
	Net plan assets (subtract line 7b from line 7a)	7c	51	6,36	6				57	7,994
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	0,00	~	-	(6)	Total		.,,,,,,
	Contributions received or receivable from:		(a) Amount	+		(0)	IOLE			
	(1) Employers	8a(1)	1	4,49	6					
	(2) Participants	8a(2)	2	6,48	34					199
	(3) Others (including rollovers)	8a(3)			0	5-3 4				
b	Other income (loss)	8b	2	0,68	33					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			T				6	1,663
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		3	35		120,000			
g	Other expenses	. 8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		*						35
T	Net income (loss) (subtract line 8h from line 8c)	. 8i			T	2-22			6	1,628
T	Transfers to (from) the plan (see instructions)	81			0			1200		
Pai	t IV Plan Characteristics	-								
9a	If the plan provides pension benefits, enter the applicable pansion 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Chan	acteri	stic Co	des in	the instru	ctions	):	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instruc	tions:		
Box	V Compllence Questions									
Par					Yes	N-				<del>-</del>
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withi	in the time region described in	_	Tes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	х			244	5	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x				0,000
-	Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all of the commissions are serviced in the commission and the commission are serviced in the commission are serviced in the commission and the commission are serviced in the commission are serviced in the commission are serviced in the commission and the commission are serviced in the commission are serviced in the commission and the commission are serviced in the commission and the commission are serviced in the commissi	ner person	s by an insurance carrier,							
	instructions.)			10e	Х					806
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				<u>0</u> =
g	Did the plan have any perticipant loans? (If "Yes," enter amount a	s of year	end.)	10g		х				
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h	Т	x			-	
1	if 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
Part								15		-
11										
118	Enter the amount from Schedule SB line 39					11a				
12								X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		, and	enter ti Day		the le		ing
H	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year					12b				
				100000	The Park Name of Street, or other Pa					

	Form 5500-SF 2012	Page 3 -				
С	Enter the amount contributed by the employer to the plan for this plan year		12c	T		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)	_	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding de	sadline?		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?		$\Box$	Yes X N	0	
	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 the PBGC?				Yes X No	
С	If during this plan year, any assets or liabilities were transforred from this plan to which assets or liabilities were transferred. (See instructions.)	o another plan(s), identify the plen(s)	to			
1	13c(1) Name of plan(s):		3c(2) E	IN(s)	13c(3) PN(s)	
Part	: VIII: Trust Information (optional)				<u> </u>	
_	Name of trust	14b Trust's EIN				

•

٠

\*