## 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).

2042

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 5500	)-SF.				
Part I		dentification Information			·				
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-partici	pant plan			
<b>B</b> This ret	turn/report is:	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 I	box if filing under:	Form 5558	automatic extension		☐ DFVC program				
• Onook i	box ii iiiiig aridor.	special extension (enter descript							
Part II	Racic Plan Info	rmation—enter all requested inform	,						
1a Name	•	mation—enter all requested infor	IIatiOII		<b>1b</b> Three-digit				
	COASTAL 401K PLAN				plan number				
	OOMOTAL TOTAL LAND				(PN) ▶	001			
					1c Effective date o	f plan			
					01/01	/2004			
	ponsor's name and add COASTAL, INC.	dress; include room or suite number (	(employer, if for a single-	-employer plan)	<b>2b</b> Employer Identi (EIN) 91-18	fication Number			
00054 0005					2c Sponsor's telep				
22651 83RD KENT, WA 9	0 AVE SOUTH - BLDG. 98032-1990	D			2d Business code (				
<b>3a</b> Plan a	dministrator's name an	d address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b Administrator's				
			Ц	-					
					<b>3c</b> Administrator's	telephone number			
4 If the r	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	<b>4b</b> EIN				
		plan sponsor has changed since the other from the last return/report.	e last return/report filed for	or this plan, enter the	4b EIN				
name			e last return/report filed fo	or this plan, enter the	4b EIN 4c PN				
name a Spons	, EIN, and the plan num or's name		·	·		15			
a Sponse	, EIN, and the plan num or's name number of participants	nber from the last return/report.			4c PN	15 14			
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	nber from the last return/report.	e plan year (defined bene	efit plans do not	4c PN 5a				
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan yearat the end of the plan year	e plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	14			
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan numor's name number of participants and participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligi the annual examination and report or	e plan year (defined bene ible assets? (See instruc f an independent qualifie	efit plans do not	4c PN 5a 5b 5c	14 3 X Yes No			
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can	e plan year (defined bene- ible assets? (See instruct f an independent qualifier y and conditions.)	efit plans do not etions.)ed public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cause	4c PN 5a 5b 5c PA) Form 5500. We is established. Ort, including, if applic	3  X Yes No  X Yes No  Not determined			
name. a Spons b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can t plan, is it covered under the PBGC or incomplete filing of this return/re ther penalties set forth in the instruction d signed by an enrolled actuary, as we	e plan year (defined bene- ible assets? (See instruct f an independent qualifier y and conditions.)	efit plans do not etions.)ed public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cause	4c PN 5a 5b 5c PA) Form 5500. We is established. Ort, including, if applic	3  X Yes No  X Yes No  Not determined			
name. a Spons. 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligi the annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can t plan, is it covered under the PBGC or incomplete filing of this return/re ther penalties set forth in the instruction d signed by an enrolled actuary, as we	e plan year (defined bene- ible assets? (See instruct f an independent qualifier y and conditions.)	efit plans do not etions.)ed public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cause	4c PN 5a 5b 5c PA) Form 5500. We is established. Ort, including, if applic	3  X Yes No  X Yes No  Not determined			
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligi the annual examination and report or (See instructions on waiver eligibility ther line 6a or line 6b, the plan can t plan, is it covered under the PBGC or incomplete filing of this return/re per penalties set forth in the instructio d signed by an enrolled actuary, as wellete.  valid electronic signature.  dministrator	e plan year (defined bene- ible assets? (See instruct of an independent qualifier of an independent of a	efit plans do not etions.)	5a 5b 5c PA) Form 5500 Yes No ase is established. ort, including, if applicated and to the best of my stall signing as plan administration.	X Yes No X Yes No Not determined  Sable, a Schedule or knowledge and  ministrator  er or plan sponsor			

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									—	
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	'ear		
<u>.</u>	Total plan assets	. 7a		158139			(b) Life		19478	5	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	15813	158139					19478	5	
8	Income, Expenses, and Transfers for this Plan Year	, ,,,					(b) Total				
a	Contributions received or receivable from:		(a) Amount				(b)	IOLAI			
	(1) Employers	. 8a(1)	790	4							
	(2) Participants	8a(2)	988	1							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	. 8b	1886	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							36646	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
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								0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							3664	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	, ,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions	:		
Par	t V Compliance Questions										
	•				Vaa	N <sub>1</sub> -	l				
10	During the plan year:	tiono within	a the time period described in		Yes	No		Am	ount	—	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	uciary Corr	ection Program)	10a		X					
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
					X					400	000
	<u> </u>			10c						400	000
	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										
	instructions.)		' '	10e	X						75
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and )			Χ					
h	If this is an individual account plan, was there a blackout period? (	(See instru	ictions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the	he required	d notice or one of the	10h							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>							_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of	the le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
						12b	1				

Page	3 -	1
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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			
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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)			
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

## 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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For calenda	F	1/01/2013	and ending	12/31/20	1.3			
A This refu	um/report is for. X a single-employer plan	a multiple-employer pla	in (not multiemployer)	a one-parti	cipant plan			
B This ret	urn/report is: the first return/report	the final return/report						
	an amended return/report	a short plan year return	report (less than 12 mc					
C Check t	pox if filing under: Form 5558	automatic extension		DFVC program				
	special extension (enter descripti							
Part II	Basic Plan Information—enter all requested inform	nation						
1a Name WESTFII	ofplan RE COASTAL 401K PLAN			<b>1b</b> Three-digit plan number (PN) ▶	001			
				1c Effective date 01/01/20				
	consor's name and address; include room or suite number ( ${\sf RE}\ {\sf COASTAL}$ , ${\sf INC}$ .	employer, if for a single-	employer plan)	<b>2b</b> Employer Ide (EIN) 91-1				
22651 8	B3RD AVE SOUTH - BLDG. D			<b>2c</b> Sponsor's tel 206 - 856 -				
KENT	WA 98032-1990			2d Business cod 238900	e (see instructions)			
3a Plan a	dministrator's name and address XSame as Plan Sponsor	Name XSame as Plan	Sponsor Address	<b>3b</b> Administrator	's EIN			
				3c Administrator	's telephone number			
	name and/or EIN of the plan sponsor has changed since the , EIN, and the plan number from the last return/report.	last return/report filed for	r this plan, enter the	4b EIN	~~			
	or's name			4c PN				
<b>5a</b> Total r	number of participants at the beginning of the plan year			5a	15			
<b>b</b> Total t	number of participants at the end of the plan year	***************************************		5b	14			
	er of participants with account balances as of the end of the lete this item)			5c	3			
	all of the plan's assets during the plan year invested in eligi				X Yes No			
	ou claiming a waiver of the annual examination and report o 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No			
	answered "No" to either line 6a or line 6b, the plan can							
<b>c</b> If the p	plan is a defined benefit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Yes No	Not determined			
Caution: A	A penalty for the late or incomplete filing of this return/re	eport will be assessed	unless reasonable car	use is established.	944 (44 b b 14 b 14 b 14 b 14 b 14 b 14 b			
Under pena SB or Sche	alties of perjury and other penalfies set forth in the instruction alties of perjury and other penalfies set forth in the instruction alties are altied actuary, as well as the correct, and complete.	ns, I declare that I have	examined this return/re	port, including, if ap				
SIGN HERE	Kung Elliott	7/22/14	Kevin Elliott					
ncn	Signature of plan administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ					
Preparers	name (including firm name, if applicable) and address; inclu	ude room or suite numbe	er (optional)	Preparer's teleph	one number (optional)			
				1				

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of	Year	
a	Total plan assets	7a		8139	)		***************************************	3	94785
b	Total plan liabilities	7b	00000000000000000000000000000000000000		1		***************************************		***************************************
C	Net plan assets (subtract fine 7b from line 7a)	7c	1.5	8135	7			1.	94785
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	ones est est entitone	1		(b) To	al	
a	Contributions received or receivable from:						(-)		
	(1) Employers	8a(1)		7904	1			***************	
	(2) Participants	8a(2)		988	l L				
	(3) Others (including rollovers).	8a(3)			2				
b	Other income (loss)	8b	1	886	l l			*****	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				***************************************			36646
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		LINILIO CITTO		······································
_е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g				<u></u>			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	8i						······	36646
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Plan Chara	cteris	tic Co	des in	the instructi	ons:	
	2E 2F 2G 2J 2K 3D					······································			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	teristi	c Cod	es in tr	ne instructio	ns:	
D	t V Compliance Questions								
Par									
40					Voc	No		· · · · · · · · · · · · · · · · · · ·	
10	During the plan year:	tione within	the time period described in		Yes	No		Amount	
				10a	Yes	<b>N</b> o X	/	Amount	***************************************
	During the plan year:  Was there a failure to transmit to the plan any participant contribu	uciary Corre t? (Do not ir	ection Program) nclude transactions reported	10a 10b	Yes		,	Amount	
	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not ir	ection Program)nclude transactions reported	10b	Yes	Х		Amount	40000
- k	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	uciary Corre t? (Do not in	ection Program)nclude transactions reported			Х		Amount	40000
- k	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	uciary Corre t? (Do not in	ection Program)	10b		Х		Amount	40000
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- k	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plantary contributions.	uciary Corre (? (Do not in fidelity bon her persons of the bene	ection Program)	10b 10c 10d 10e 10f	X	X X X		Amount	
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f f (S) Par 111	During the plan year:  Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or ott insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.)  Enter the unpaid minimum required contribution for current year this a defined contribution plan subject to the minimum funding list this a defined contribution plan subject to the minimum funding requirements.	diary Correct (Do not in fidelity bon the persons of the bence and the persons of the bence and the required persons of the required persons (See instruction of the required persons of the required persons of the required persons of the required persons of the	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A A A A A A A A A A A A A A A	3 (Form	Yes	75
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,	Form 5500-SF 2013	Page 3 -				
С	Enter the amount contributed by the employer to the plan	for this plan year		12c		
q	Subtract the amount in line 12c from the amount in line 12 negative amount)		of a	12d		
e	Will the minimum funding amount reported on line 12d be	met by the funding deadline?			Yes	AW ON
Part	VII Plan Terminations and Transfers of As	ssets				
13a	Has a resolution to terminate the plan been adopted in any pl	an year?		Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a		
b	Were all the plan assets distributed to participants or ben- of the PBGC?			ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred. (See instruction		ne plan(s) t	.0		
1	3c(1) Name of plan(s):		1	3c(2) Ei	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				,	······································
14a	Name of trust	TANDANAMANAN KASAFIRA MUMAMURIAN INTANAMAN INTANAMAN INTANAMAN INTANAMAN INTANAMAN INTANAMAN INTANAMAN INTANAM		14b T	rust's EIN	