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

2013

This Form is Open to Public Inspection

	• •	Complete all entries in act	cordance with the instruc	tions to the Form 550	10-5F.				
Part I	Annual Report	Identification Information							
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01	/2014	and ending (06/10/2	2014			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This ret	turn/report is:	the first return/report	x the final return/report						
		an amended return/report	x a short plan year return	n/report (less than 12 m	onths))			
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter desc	ription)			<u> </u>			
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name		· '			1b	Three-digit			
WESTFIRE (COASTAL 401(K) PLA	.N				plan number			
					4.	(PN) •	001		
					10	Effective date of	•		
	ponsor's name and add	dress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number 32123		
22651 92DF	O AVE SOUTH - BLDG				2c	Sponsor's telep			
KENT, WAS					2d	Business code (
3a Plan a	dministrator's name an	nd address XSame as Plan Spons	sor Name Same as Plar	Sponsor Address	3b	Administrator's I			
					3c	Administrator's t	telephone number		
4 If the r	name and/or EIN of the	nlan anancar has ahangad sinas	the last return/report filed for	or this plan, optor the	46	FINI			
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed it	or this plan, enter the	40	EIN			
	or's name	·			4c	PN			
5a Total i	number of participants	at the beginning of the plan year			5a		14		
b Total i	number of participants	at the end of the plan year			5b		0		
		account balances as of the end of		•	5c		0		
6a Were	all of the plan's assets	s during the plan year invested in e	eligible assets? (See instruc	tions.)			X Yes No		
b Are yo	ou claiming a waiver of	the annual examination and repor	rt of an independent qualifie	d public accountant (IC	PA)				
		? (See instructions on waiver eligib					X Yes No		
		ther line 6a or line 6b, the plan of					1		
C If the p	plan is a defined benef	it plan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable car	use is	established.			
		ner penalties set forth in the instruc							
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and		
SIGN HERE	Filed with authorized/	valid electronic signature.	07/22/2014	KEVIN ELLIOTT					
HEKE	Signature of plan a	dministrator	Date	Enter name of individ	vidual signing as plan administrator				
SIGN									
0.0	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor		
HERE									
HERE	name (including firm n	ame, if applicable) and address; ir	nclude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		
HERE	name (including firm n		nclude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		
HERE	name (including firm n		nclude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		
HERE	name (including firm n		nclude room or suite numbe	r (optional)	Prep	earer's telephone	number (optional)		

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Pa	rt III Financial Information										—	
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End	of V	'oor			_
	Total plan assets	7a	(a) Beginning of Yea				(b) End	01 1		0		
	Total plan liabilities	7a 7b	10110									
	Net plan assets (subtract line 7b from line 7a)		19478	5						0		_
8		7c		-			(6)					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) ⁻	ota				_
u	(1) Employers	8a(1)		0								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b	1255	5								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1255	5		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20726	5								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f	7	5								
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							20734	0		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						_	19478	5		_
j	Transfers to (from) the plan (see instructions)	8j										
Pai	rt IV Plan Characteristics	٠,										_
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 instruct	ions	:			
Dan	(V Commission of Constitute										_	_
Par	•				l ,,							
10	During the plan year:			ı	Yes	No		Am	ount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X						
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		X						
					Χ					4.0		_
C				10c						40	000	0
	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						
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 vear e	and)	10g		Χ						_
h		(See instru	uctions and 29 CFR	10g		X						
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	<u> </u>							_
Part	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form					_
	5500) and line 11a below)				<u> </u>				Yes		Ν	0
<u>11a</u>	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	Ν	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,											
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (enter th Day	ne date of	the le		ıling		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.									
-						12b						

Page	3 -	. 1	
raye	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

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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

Parti	Annual Report Identification Information				
For calenda	ar plan year 2013 or fiscal plan year beginning	01/01/2014	and ending	06/10/201	4
A This ret	urn/report is for X a single-employer plan	a mulfiple-employer pla	ın (not multiemployer)	a one-partici	ipant plan
B This ret	urn/report is: the first return/report	X the final return/report		******	
	an amended return/report	X a short plan year return	report (less than 12 mo	onths)	
C Chook to	pox if filing under: Form 5558	automatic extension	roport (1000 trials 12 into	DFVC progr	· · · · · · · · · · · · · · · · · · ·
C Check t		lud		☐ Di ve piagi	anı
	special extension (enter descr	•			
Part II	Basic Plan Information—enter all requested info	ormation		4.	·
1a Name	otplan re Coastal 401(k) Plan			1b Three-digit plan number	
WCSCII.	re coastar 401(k) Plan			(PN) ▶	001
				1c Effective date	of plan
				01/01/200	
	oonsor's name and address; include room or suite numbe	er (employer, if for a single-o	employer plan)	2b Employer Ideni	tification Number
Westfil	re Coastal, Inc.			(EIN) 91-18	32123
				2c Sponsor's tele	phone number
22651 8	33rd Ave South - Bldg. D			206-856-9	~~~
		0		2d Business code	(see instructions)
Kent	WA 98032-199	.,,		238900	
3a Plan a	dministrator's name and address $[\overline{f X}]$ Same as Plan Spons	or Name X Same as Plan	Sponsor Address	3b Administrator's	S EIN
				3c Administrator's	s telephone number
	name and/or EIN of the plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN	
name. a Sponse	EIN, and the plan number from the last return/report.			4c PN	
	number of participants at the beginning of the plan year			I	
				5a	1.4
	number of participants at the end of the plan year			5b	0
	er of participants with account balances as of the end of ete this item)			5c	0
	all of the plan's assets during the plan year invested in e			.1	X Yes No
	ou claiming a waiver of the annual examination and repor				A TOS [] NO
	29 CFR 2520.104-46? (See instructions on waiver eligib				X Yes No
lf you	answered "No" to either line 6a or line 6b, the plan of	annot use Form 5500-SF	and must instead use	Form 5500.	
c If the p	plan is a defined benefit plan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?	Yes No	Not determined
Caution: A	penalty for the late or incomplete filing of this return	droport will be assessed	unlose reasonable car	ueo je oetabliehod	TO MANUALLE L
	alties of perjury and other penalties set forth in the instruc			***************************************	icable a Schedule
SB or Sche	edule MB completed and signed by an enrolled actuary, a				
belief, it is t	true, correct, and complete.				
SIGN	Kunt Ellest !	7/22/14	Kevin Elliott		
HERE			-		-1
	Signature of play administrator	Date	Enter name of individ	iuai signing as plan ad	aministrator
SIGN HERE	<u> </u>				
	Signature of employer/plan sponsor	Date	Enter name of individ		
Preparer's	name (including firm name, if applicable) and address; ir	nclude room or suite numbe	r (optional)	Preparer's felephon	ne number (optional)
I					:

Par	t III Financial Information		······································				
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of Year
а	Total plan assets	7a	19	478!	5		0
b	Total plan liabilities	7b					
C .	Net plan assets (subtract line 7b from line 7a)	7c	1.9	478!	5		0
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total
	Contributions received or receivable from:	90(4)			0		
	1) Employers (2) Participants	8a(1) 8a(2)			0	~~~~~~~~	
	(3) Others (including rollovers)	8a(3)			0	•••••••••••••••••••••••••••••••••••••••	
	Other income (loss)	8b	1	255	5		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-				12555
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	726	5		
_ e	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		7	5		
<u>g</u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					207340
	Net income (loss) (subtract line 8h from line 8c)	8i					-1.94785
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F						
10	During the plan year:		·		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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		40000
đ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	•	Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bend	efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	in?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance			_,			
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)			•			
<u>11a</u>	Enter the unpaid minimum required contribution for current year f	rom Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code	e or se	ection	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 bei granting the waiver.	-	Mor	nth	, and	enter fl Day	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedu	io nak (For	m 5500), and skin to line 13.				
******	Enter the minimum required contribution for this plan year					12b	<u> </u>

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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?	X	Yes 🔲 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 another plan, or brought under the PBGC?			X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)			
	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b 1	rust's EIN	***************************************