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 section 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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/	2010				
A	This return/report is for:	multiple-e	mployer plan (not multiemployer)	loyer plan (not multiemployer)					
В -	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 me	onths)					
C	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter description)	on)	_						
Pa	Int II Basic Plan Information—enter all requested inform	nation							
	Name of plan			1b	Three-digit				
	KS OUTFITTERS RETIREMENT PLAN				plan number 002				
					(PN) ▶				
				10	1c Effective date of plan 11/01/1989				
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identification Number				
	KS OUTFITTERS, INC.	. ,			(EIN) 91-0907129				
PO	BOX 1307			2c	Plan sponsor's telephone number 360-374-6161				
	KS, WA 98331			2d	Business code (see instructions)				
					445110				
	Plan administrator's name and address (if same as Plan sponsor, e S OUTFITTERS, INC. P.O. BOX 13		")	3b	Administrator's EIN 91-0907129				
TOR	FORKS, WA			30	Administrator's telephone number				
				30	360-374-6161				
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN				
r	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	PN				
5a	Total number of participants at the beginning of the plan year			_	64				
	Total number of participants at the end of the plan year			5b	67				
	Total number of participants with account balances as of the end of			30					
	complete this item)		•	. 5c	66				
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use F		•						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	211600)3	2783093				
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	211600						
8		1	211000)3	2783093				
U	Income, Expenses, and Transfers for this Plan Year		(a) Amount)3	2783093 (b) Total				
а	Contributions received or receivable from:								
	Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amount	5					
	Contributions received or receivable from: (1) Employers	. 8a(1) . 8a(2)	(a) Amount 15711 19770	5					
а	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	(a) Amount 15711 19770 81	5 08 2					
a b	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	(a) Amount 15711 19770	5 08 2					
а	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)	8a(1) 8a(2) 8a(3) 8b	(a) Amount 15711 19770 81 32908	5 08 2 37	(b) Total				
a b c	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	(a) Amount 15711 19770 81	5 08 2 37	(b) Total				
a b c d	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount 15711 19770 81 32908	5 08 2 37	(b) Total				
a b c d	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8c	(a) Amount 15711 19770 81 32908	5 08 2 37	(b) Total				
a b c d	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8c	(a) Amount 15711 19770 81 32908	5 08 2 37	(b) Total 684722				
a b c d	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) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e	(a) Amount 15711 19770 81 32908	5 08 2 37	(b) Total 684722				
a b c d e f g	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) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d 8e 8f	(a) Amount 15711 19770 81 32908	5 08 2 37	(b) Total 684722				

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		•	
Part IV	l Plan	Charac	tarietice
I all IV	ı ıaıı	Ollarac	ici ialici

SIGN HERE

Signature of employer/plan sponsor

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

2E 2G 2J 2K 2T 3D

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

		e pian provides weirare benefits, enter the applicable weirare featu	ic codes nom the t	ist of Flam Offara	CICIIS		203 111 0	ine instructio	110.			
Part	٧	Compliance Questions										
10	Dui	ing the plan year:				Yes	No	Δ	mount			
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X						
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)	10b		X							
С	Wa	s the plan covered by a fidelity bond?			10c	X			10	000000		
d		the plan have a loss, whether or not reimbursed by the plan's fideli	10d		X							
е	insı	re any fees or commissions paid to any brokers, agents, or other per grance service or other organization that provides some or all of the fructions.)	10e	X				20050				
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 y	year end.)		10q	X				34688		
h	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29) CFR	10h		X					
i	If 1	The was answered "Yes," check the box if you either provided the reseptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i							
Part '	VI	Pension Funding Compliance										
11		is a defined benefit plan subject to minimum funding requirements'							Yes	No		
12	ls t	nis a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No		
а	lf a grai	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being an ating the waiver	nortized in this plar	Mont					e letter rulii 'ear	-		
		er the minimum required contribution for this plan year		•			12b					
		er the amount contributed by the employer to the plan for this plan				T	12c					
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a minu	us sign to the left of	of a		12d					
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A		
Part '	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No		
		es," enter the amount of any plan assets that reverted to the emplo					13a			I		
	We	e all the plan assets distributed to participants or beneficiaries, transe PBGC?					ntrol		Yes	X No		
С		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne pla	n(s) to			1			
1;	3c(1	Name of plan(s):				130	c(2) Ell	N(s)	13c(3)	PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	le cau	se is	establ	ished.				
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I d edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.										
SIGN	ı	iled with authorized/valid electronic signature.	0/12/2011	SHELLEY A. PAU	JL	-						
HERI	- T	nature of plan administrator Date Enter name of indiv					dividual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

I his form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

2010

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

				ntification Information							
Ford	calendar plar	year 2010 or fis	cal j	plan year beginning		and ending					
ΑТ	his return/re	port is for:	×	single-employer plan] multiple-e	mployer plan (not multiemployer)		one-participal	nt plan		
Вт	his return/re	port is for:	П	first return/report	final retur	n/report					
			П	an amended return/report	short plan	year return/report (less than 12 mor	iths)				
~ ~	;					extension	•	☐ DFVC progra	m		
	,nęck box ir i	niing under:		special extension (enter descripti	.			bi vo piogram			
_			<u> </u>								
			rma	ation—enter all requested inform	nation		# Bu				
	Name of pla						TD	Three-digit plan number			
FOR	(S OUTFITT	ERS RETIREME	ENT	PLAN				(PN) •	002		
							1c	Effective date of	plan		
								11/01/1			
2a	Plan sponso	r's name and add	dres	s (employer, if for single-employe	r plan)		2b	Employer Identif			
FOR	KS OUTFITT	ERS, INC.						(EIN) 91-090			
п ^	BAV 40A7						20	Plan sponsor's to 360-374	elephone number 4-6161		
	BOX 1307 KS WA 9833	1					2d				
							1	445110	, , , , , , , , , , , , , , , , , , , ,		
3a	Plan adminis	strator's name an	nd ac	dress (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's E	EIN		
SAMI	Ę						_	91-090			
							30	Administrator's t	elephone number 4-6161		
4 lf	the name a	nd/or FIN of the r	nlan	sponsor has changed since the k	est return/re	port filed for this plan, enter the	4h	EIN			
				from the last return/report. Spons		port mod for this plant, shall are	70	Ciii			
		,					4c	PN			
5a	Total number	er of participants	at th	ne beginning of the plan year	**************		5a		64		
b	Total number	er of participants	at tr	he end of the plan year			5b		67		
C	Total number	er of participants	with	account balances as of the end	of the plan y	ear (defined benefit plans do not			66		
							5c	_i	66		
						(See instructions.)			X Yes No		
þ						ident qualified public accountant (IQ: ions.)			X Yes No		
			•	• •		SF and must instead use Form 55			_ · ··-		
Pa		ancial Inforr									
7	Plan Assets	and Liabilities		NET BUILT TO		(a) Beginning of Year	Т	(b) End of Year			
а	Total plan a	ssets			7a	2116003	-		2783093		
_					7b						
_				from line 7a)		2116003			2783093		
8				rs for this Plan Year		(a) Amount	"]"	(b) T	otal		
		is received or rec				"""""""""""""""""""""""""""""""""""""""		1-7-			
					8a(1)	157115	`_				
	(2) Particip	ants			8a(2)	197708	197708				
	(3) Others	(including rollove	rs)		8a(3)		812				
þ	Other incom	ne (loss)			8b	329087					
c	Total incom	e (add lines 8a(1), 88	a(2), 8a(3), and 8b)	8c				684722		
d				llovers and insurance premiums		17632					
	•	,				11.002	\dashv				
е				e distributions (see instructions)			\dashv				
f		•		(salaries, fees, commissions)			4				
g				,			+		47000		
h	•	,		e, 8f, and 8g)					17632		
i	Net income	(loss) (subtract l	ine 8	8h from line 8c)	8i	1	- 1		6670 9 0		
-				instructions)							

FURKSUUTFITTERS

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Enter name of individual signing as employer or plan sponsor

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Par									
9a	If th	e plan provides pension benefits, enter the applicable pension feat 2G 2J 2K 2T 3D	ture codes from the	List of Plan Chare	acteris	tic Co	des in	the instruction	ins:
þ		e plan provides welfare benefits, enter the applicable welfare feat	ure codes from the L	ist of Plan Chara	cteris	tic Cod	les in t	he instructio	ns:
Part	V	Compliance Questions							
10		ing the plan year:				Yes	No	А	mount
а	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	m)	10a		х		T TO LEADING
Ь		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		Х		
C	W	as the plan covered by a fidelity bond?			10c	Х			1000000
d	OΓ	the plan have a loss, whether or not reimbursed by the plan's fide			10d		Х		
e	កែទ	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e	x			20050
f	Ha	s the plan failed to provide any benefit when due under the plan?.			10f		Х		
g	Die	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	,	10g	X			34688
h	25	nis is an individual account plan, was there a blackout period? (Sec 20.101-3.)	•••••	,	10h		х	,	
i		Oh was answered "Yes," check the box if you either provided the repetions to providing the notice applied under 29 CFR 2520.101-3.			10i				
Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirement							☐ Yes ☐ No
d d	gra you Ent Ent Sul neg	waiver of the minimum funding standard for a prior year is being a nting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule Mer the minimum required contribution for this plan year	B (Form 5500), and year result (enter a mînu	Monday Skip to line 13.	th		12b 12c 12d		
		the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets		***************************************				103	NO NA
	Ha	Fig. 1 Print Terminations and Transfers of Assets a resolution to terminate the plan been adopted during the plan y (es," enter the amount of any plan assets that reverted to the emp	ear or any prior yea				13a		Yes X No
	of i	re all the plan assets distributed to participants or beneficiaries, tra he PBGC?uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)					,		Yes X No
		Name of plan(s):				13/	(2) EI	N/g)	13c(3) PN(s)
Caut	tion	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le car	lse is	establ	ished.	L
Unde SB o	er pe r/Sc	nalties of perjury and other penalties set forth in the instructions, I perute MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have e	examined this retu	ırn/reg	port, in	cluding	g, if applicab	
SIG	N	100000000000000000000000000000000000000	10/11/11	SHELLEY A. PA	AUL				
HER	ξ,	Signature of plan administrator	Date	Enter name of in	ıdividi	ual sign	ning as	plan admin	istrator
SIG	_N]					_	_		
HEF		Signature of employer/plan sponsor	Date	Enter name of in	rdividu	ual sign	ning as	employer o	r plan sponsor

Signature of employer/plan sponsor