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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	V Complete all entries in acco	ruance wit	n the instructions to the Form 550	0-3г.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20)11	and ending	12/31/20	011		
Α .	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant 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 m	onths)			
C	Check box if filing under: Form 5558	automatio	extension		DFVC prograi	m	
	special extension (enter descrip	tion)					
Pa	art II Basic Plan Information—enter all requested infor	mation					
1a	Name of plan			1b	Three-digit		
FOR	KS OUTFITTERS RETIREMENT PLAN				plan number		
					(PN) •	. 002	
				10	Effective date of 11/01/	•	
	Plan sponsor's name and address; include room or suite number	(employer, it	for a single-employer plan)	2b	Employer Identifi		er
FOR	IKS OUTFITTERS, INC.				(EIN) 91-090		
				2c	Sponsor's teleph		
	BOX 1307				360-374		
FORI	KS, WA 98331			2a	Business code (s		าร)
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	<u> </u>	3b	Administrator's E		
	KS OUTFITTERS, INC. P.O. BOX 1	307	·		91-090	07129	
	FORKS, W.	4 90331		3c	Administrator's to 360-374		nber
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/	report filed for this plan, enter the	4b		0101	
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			4c	PN T		
	Total number of participants at the beginning of the plan year			5a			6
b				5b			6
С	Number of participants with account balances as of the end of the complete this item)			5c			6
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)			X Yes	No
b	9			,			1
	under 29 CFR 2520.104-46? (See instructions on waiver eligibilit	•	•			X Yes	No
Do	If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information	Form 5500-	SF and must instead use Form 55	00.			
7			(2) Destination of Venn		(I.) F., I	- () / ··	
· _	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Year 2783093		(b) End	49303	3
a b	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)		2783093			49303	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		,		(-7		
	(1) Employers	8a(1)	110349				
	(2) Participants	, ,	140614				
	(3) Others (including rollovers)	` ` `	101007				
b	Other income (loss)		-104887			4.40070	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				146076	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	173375				
е	Certain deemed and/or corrective distributions (see instructions).		1201				
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				174576	5
i	Net income (loss) (subtract line 8h from line 8c)	8i				-28500)
i	Transfers to (from) the plan (see instructions)	8j	-2705290				

Earm	5500-SE 2011	

Plan Characteristics

Part IV

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9a 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

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

)	V Compliance Questions				ı			
	During the plan year:		Yes	No		A	mount	
а	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				
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					1000000
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					15493
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	X					(
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	X					
rt	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	i No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							- T
	is this a defined contribution plan subject to the minimum randing requirements of section 412 of the cour	e or se	ction 3	302 of	ERIS/	۱?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	(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 instru	ctions,	and e	enter th	ne date	e of the	letter ru	uling
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ctions,	and e	enter th	ne date	e of the	letter ru	ப uling
a If y	(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 instrugranting the waiver	ctions, nth	and e	enter th	ne date	e of the	letter ru	ப uling
a If y b c	(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 instru granting the waiver. Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	ctions,	and e	enter th Day	ne date	e of the	letter ru	ப uling
a If y b c	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	octions,	and 6	enter th Day	ne date	e of the	letter ru	ப uling
a If y b c d	(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 instrugranting the waiver. Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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	ctions,	and 6	nter th Day 12b 12c 12d	ne date	e of the	letter ru	uling
a lf y b c d	(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 instrugranting the waiver. Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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)	ctions,	and 6	nter th Day 12b 12c 12d	ne date	e of the	letter ru	uling
a lf y b c d	(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 instru granting the waiver. Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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?	of a	and 6	12b 12c 12d	ne date	e of the	letter ru	uling
a lf y b c d	(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 instrugranting the waiver. Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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?	of a	and 6	12b 12c 12d	Ye	e of the Y	letter ru	uling
a If y b c d rt	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and 6	12b 12c 12d	Ye	e of the Y	No	uling
a If y b c d rt a	(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 instru granting the waiver	of a	and 6	12b 12c 12d	Ye	e of the Y	No	uling N/A
a If y b c d rt Ba	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and 6	12b 12c 12d	Yes [e of the Y	No Yes	□ N/A
a If y b c d e rt Ba b	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a under	and 6	12b 12c 12d	Yes [e of the Y	No Yes	N/A N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/18/2012	SHELLEY A. PAUL
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

Department of Labor Employee Benefits Security Administration Pension Benefil 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

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information				in the				
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
Α -	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participa	int plan			
В.	This return/report is: the first return/report	the final r	elurn/report			tatigit of			
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	í				
C	Check box if filing under: Form 5558	Ŧ	extension		DFVC program	i			
	special extension (enter descripti	_			_ o, yo plogram				
Pa	rt II Basic Plan Information—enter all requested inform								
	Name of plan	iation		1h	Three-digit				
	KS OUTFITTERS RETIREMENT PLAN			12	plan number				
					(PN) ▶	002			
				1c	Effective date of p				
2a	Plan sponsor's name and address; include room or suite number (eKS OUTFITTERS, INC.	employer, if	for a single-employer plan)	2b	Employer Identific				
FUR	AS OUTFITTERS, INC.				(EIN) 91-0907				
				2c	Sponsor's telepho	one number			
Color Valley	BOX 1307				360-374-6	ACCORDING TO THE REAL PROPERTY OF THE PARTY			
FOR	KS WA 98331			2d	Business code (se	e instructions)			
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	<i>'</i> ''	26	445110 Administrator's El	M			
SAM		anter Garne	, ,	บบ	91-0907				
				3с	Administrator's te 360-374-				
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	eport filed for this plan, enter the	4b	EIN				
_	name, EIN, and the plan number from the last return/report.					- 12 12 1			
-	Sponsor's name			4c	PN				
• 1-1	Total number of participants at the beginning of the plan year			5a		67			
b	Total number of participants at the end of the plan year			5b		68			
	Number of participants with account balances as of the end of the complete this item)	plan year (defined benefit plans do not	5c	100.00	68			
6a	Were all of the plan's assets during the plan year invested in eligit	ble assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified public accountant (IQF	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condit Form 5500.	SF and must instead use Form 550			X Yes No			
Pa	rt III Financial Information	0.11) 0000-	or and must instead use (oring soc						
7	Plan Assets and Liabilities	T	(a) Beginning of Year		(b) End o	f Vanu			
а	Total plan assets	7a	2783093		(b) End o	49303			
b	Total plan liabilities			-					
С	Net plan assets (subtract line 7b from line 7a)		2783093			49303			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) To				
а	Contributions received or receivable from:		(E) Amount	1	(1) 10	ldi			
	(1) Employers	8a(1)	110349	_					
	(2) Participants	8a(2)	140614	_					
	(3) Others (including rollovers)	8a(3)	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
b	Other income (loss)		-104887			V			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				146076			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	173375		- 10.77				
е	Certain deemed and/or corrective distributions (see instructions)	8e	1201						
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					174576			
i	Net income (loss) (subtract line 8h from line 8c)	-				-28500			
j	Transfers to (from) the plan (see instructions)		-2705290	1					

Form	5500	-SF	201	1

Page	2	4
raye	4 -	1

	rt IV	Plan Characteristics		THE TOTAL STREET		***	*****		THE STATE OF THE S	
9a	If the	plan provides pension benefits, enter the applicable pension fea	ature codes from the	e List of Plan Char	acteris	tic C	odes in	the instru	rtions:	
b		2G 2J 2K 2T 3D plan provides welfare benefits, enter the applicable welfare feat								
Par	t V	Compliance Questions	· · · · · · · · · · · · · · · · · · ·			- Name	-			
10		ng the plan year:						1		
		there a failure to transmit to the plan any participant contribution	as within the time o	oriod deposits at it.		Yes	No	<u> </u>	Amount	
	29 (JFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ery Correction Prog	ram) .	10a		X			
b	Were	e there any nonexempt transactions with any party-in-interest? (I	Do not include trans	sactions renorted	10b		X		30ND	7/4
C		the plan covered by a fidelity bond?			10c	X			-9453	1000000
d	Did t	he plan have a loss, whether or not reimbursed by the plan's fide shonesty?	elity hand that was	coursed by fraud			×	-	386	1000000
е	Were	e any fees or commissions paid to any brokers, agents, or other ance service or other organization that provides some or all of the actions.)	persons by an insu	rance carrier,	10d	X			3.55	15493
f	Has	the plan failed to provide any benefit when due under the plan?	***************************************			- 244	х			***
g		he plan have any participant loans? (If "Yes," enter amount as o			10f	Х				
h	If this	is an individual account plan, was there a blackout period? (Se	e instructions and 3	O CEB	10g	X				0
Ī	If 10h	n was answered "Yes," check the box if you either provided the r ptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or o	ne of the	10h	×				
Part		Pension Funding Compliance			10i	5.70				Terlina
11										
- 1	-0000	s a defined benefit plan subject to minimum funding requirement	***********			••••			Yes	∏ No
12	Is thi	s a defined contribution plan subject to the minimum funding req	quirements of section	n 412 of the Code	or sec	ction	302 of	ERISA?	Yes	X No
	If a w granti	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable aiver of the minimum funding standard for a prior year is being a ng the waiver. Impleted line 12a, complete lines 3, 9, and 10 of Schedule M	amortized in this pla	Man	th	and e	enter th Day	e date of II	ne letter ru Year	lling
b	Enter	the minimum required contribution for this plan year	(1 01111 0000), all	u skip to inte 15.		Γ	406			
c	Enter	the amount contributed by the employer to the plan for this plan	***************************************				12b	-m		
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the ive amount)	result (enter a min	Hal adl of nois sur	0(3		12c			
e	Will th	ne minimum funding amount reported on line 12d be met by the	funding double-0	***************************************	**********				-	
Part	VII	Plan Terminations and Transfers of Assets	randing deadline?	***************************************	********	• • • • • • • •	····	Yes	No	N/A
		The state of the s								
100	16 40/-	resolution to terminate the plan been adopted in any plan year?					XY	'es N	0	
	11 10	s," enter the amount of any plan assets that reverted to the emp	loyer this year		13				0	
	or me	all the plan assets distributed to participants or beneficiaries, tra		0.0000000000000000000000000000000000000					Yes	X No
	WHICH	ng this plan year, any assets or liabilities were transferred from assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plan	(s) to				
A	OTT STATE OF THE OWNER.	Name of plan(s):		31 - 3197		13	c(2) El	N(s)	13c(3	PN(s)
WOR	LDVVIL	DE MEMBERS' MULTIPLE EMPLOYER PLAN			91-2	1467	95		33	33
Cauti	ion: A	penalty for the late or incomplete filing of this return/report	will be seened		_					1442
Unde SB or	r penal Sched	lties of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well as the correct, and complete	declare that I have	eveningd this sale			-1		ble, a Sch knowledge	edule and
SIGN	1 X	tilled Ital	16/12/12	SHELLEY A, PA	ALII		7400		1000	- w-
HER	_ \	gnature of plan administrator	Date		17.77	al ala	olne -	4120 240		
SIGN	(2.500 cm			Enter name of in	arvidus	ai sigi	my as	hiau aamii	nistrator	
HER		gnature of employer/plan sponsor	Date	Ede		150	W			
C 25		×	Date	Enter name of in	aividua	II SIGI	ning as	employer	or plan spi	ากรดก