			eturn/l Benefit	Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service This form is required to be filed					4 and 4065 of the Employee <b>2011</b>				
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	RISA), and sections 6057(b) and 6058(a) of e Code (the Code). Inspection					
	ension Benefit Guaranty Corporation		dance witl	h the instructions to the Form 550	0-SF.		pection		
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information	0	and anding 0	E 10 4 /	204.2			
	5	al plan year beginning 01/01/201.		¥	5/31/2				
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-partici	bant plan		
в	This return/report is:	the first return/report		eturn/report					
•				an year return/report (less than 12 mo	ontns)	—			
C	Check box if filing under:	Form 5558		extension		DFVC progra	im		
De	vit II – Decie Dien Inform	special extension (enter descriptio	,						
	ITT II Basic Plan Inform Name of plan	nation—enter all requested information	ation		1h	Three-digit			
	(S OUTFITTERS RETIREMEN	T PLAN			10	plan number			
						(PN) 🕨	002		
					1c	Effective date o 11/01	•		
	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 91-09	fication Number 07129		
	DOV 4207				2c	Sponsor's telep 360-37			
	BOX 1307 <s, 98331<="" th="" wa=""><th></th><th></th><th></th><th>2d</th><th>Business code ( 44511</th><th>see instructions)</th></s,>				2d	Business code ( 44511	see instructions)		
	Plan administrator's name and S OUTFITTERS, INC.	address (if same as plan sponsor, er P.O. BOX 130	07	;")	3b	Administrator's 91-09	EIN 007129		
		FORKS, WA	98331		3c	Administrator's 360-374	telephone number 4-6161		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name	er nom the last return/report.			4c	PN			
		the beginning of the plan year			5a		68		
b	Total number of participants at	the end of the plan year			5b		0		
С		count balances as of the end of the p		•	5c		0		
6a	,	uring the plan year invested in eligibl					X Yes No		
b	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQI	PA)				
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo					X Yes No		
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm 55	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	49303			0		
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7	b from line 7a)	7c	49303			0		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	ſotal		
а	Contributions received or recei	vable from:	8a(1)						
			8a(2)						
	., .	)	8a(3)						
b									
с		8a(2), 8a(3), and 8b)	8c						
d	Benefits paid (including direct i	ollovers and insurance premiums	8d						
е	• •	ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h						
i		e 8h from line 8c)							
j	Transfers to (from) the plan (se	ee instructions)	8j	-49303					

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## Part IV **Plan Characteristics**

- 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 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:

Part	t V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period descr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re on line 10a.)			X			
С	Was the plan covered by a fidelity bond?	10c	Х				1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			x			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carri insurance service or other organization that provides some or all of the benefits under the plan? (S instructions.)	ee		x			
f	Has the plan failed to provide any benefit when due under the plan?	····· 10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	····· 10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500))					. Ye	s 🗌 No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the						s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver.						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	ine 13.		-			
b	Enter the minimum required contribution for this plan year			12b			
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 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?			XY	'es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	<i>·</i>	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b of the PBGC?					X Ye	s 🗌 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s):		13c(2) EIN(s) 13				<b>3)</b> PN(s)
WOR	RLDWIDE MEMBERS' MULTIPLE EMPLOYER PLAN		91-214	6795		333	3
Caut	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless re	asonable ca	use is	establi	ished.		
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this of, it is true, correct, and complete.						
	Filed with outborized/valid electropic signature						

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	Short Form Annual	Return	Report of Small Emplo	yee	OMB Nos. 1210-011					
	Department of the Treasury Internal Revenue Service		9798C	1210-008							
	Department of Labor Employee Benefits Security Administration	Neurement income security Act	of 1974 (E	sections 104 and 4065 of the Employ RISA), and sections 6057(b) and 605	2011						
	Pension Benefit Guaranty Corporation	ue Code (lhe Code).	This Form is Open to Pub								
	Part I Annual Report Id	entification Information	proance w	ith the instructions to the Form 55	00-SF.						
Fc	r calendar plan year 2011 or fisca	al plan year beginning 01/01/20	012	and ending	05/31	/2012					
Α	This return/report is for:	a single-employer plan	a multip	le-employer plan (not multiemployer)		a one-participant plan					
в	This return/report is:	the first return/report	(DN) (C)	return/report							
			=	olan year return/report (less than 12 n	onths	)					
С	C Check bay if filing upder:										
	special extension (enter description)										
Lance	art II   Basic Plan Inforn	nation-enter all requested inform	mation								
	Name of plan				1b	Three-digit					
FU	RKS OUTFITTERS RETIREMEN	TPLAN				plan number					
					10	(PN) 002					
2a	Plan sponsor's name and addre	ss: include room or quite number		11 2		Effective date of plan 11/01/1989					
FO	RKS OUTFITTERS, INC.	ss; include room or suite number (	empioyer,	If for a single-employer plan)	2b	Employer Identification Number					
					2c	(EIN) 91-0907129 Sponsor's telephone number					
	. BOX 1307 RKS WA 98331					360-374-6161 Business code (see instructions)					
3a	Plan administrator's name and a	ddress (if same as plan sponsor, o		7)		445110					
SAN	16	ou cos (il same as plan sponsor, i	enter Sam	e")	3b	3b Administrator's EIN 91-0907129					
5					3c	Administrator's telephone number					
4	If the name and/or EIN of the pla	an sponsor has changed since the	last return	/report filed for this plan, enter the	4b	360-374-6161					
а	name, EIN, and the plan number Sponsor's name	er from the last return/report.									
		he beginning of the plan year		·····	4c	PN					
<ul> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> </ul>						68					
C Number of participants with account balances as of the end of the r				dofined herefilled and the	5b	0					
60	complete this item)	******			5c	0					
b	Are you claiming a waiver of the	ring the plan year invested in eligit	ble assets?	? (See instructions.) ndent qualified public accountant (IQI	••••••	X Yes 🗌 No					
		ee manuellons on walver eligibility	and condi	lions)							
Da	If you answered "No" to eithe rt III Financial Informat	i da or do, the plan cannot use F	orm 5500	-SF and must instead use Form 55	00.						
7	and the second	lion									
'a	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
b				49303		0					
		from line 7a)		100000							
8	Income, Expenses, and Transfer		. 7c	49303	-	0					
а	Contributions received or received	able from:	•	(a) Amount		(b) Total					
h	(3) Others (including rollovers)	•••••••••••••••••••••••••••••••••••••••	. 8a(3)								
	Total income (loss)		8b								
c d	Benefits paid (including direct rol	a(2), 8a(3), and 8b) lovers and insurance premiums									
е	Certain deemed and/or corrective	e distributions (see instructions)			_						
f		(salaries, fees, commissions)	8e		_						
g		(salaries, lees, commissions)			-						
h		, 8f, and 8g)									
i		h from line 8c)									
j	Transfers to (from) the plan (see	instructions)		40000							
For P		Control Numbers see the instructions for	0	-49303	1						

ns for Form 5500 -SF Form 5500-SF 2011

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	t IV Plan Characteristics									
9a	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 2K 2T 3D									
b										
Par		·····							••••••••••••••••••••••••••••••••••••••	
10	During the plan year:					100			· ·····	
а	Was there a failure to transmit to the plan any participant contribut	period described in	10a	Yes	No X		Amo	unt		
b	<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)</li></ul>									
С	Was the plan covered by a fidelity bond?			10b 10с	~	X	<u> </u>		·····	
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idalihi hand that we			X	x			1000000	
e	were any tees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	er persons by an ins f the benefits under l	urance carrier, he plan? (See	10d		×			26 - 20	
f	Has the plan failed to provide any benefit when due under the plan	?				x				
g	Did the plan have any participant loans? (If "Yes," enter amount as		-	10f		x				
h	If this is an individual account plan, was there a blackout period? (§ 2520.101-3.)	See instructions and	20 0F0 +	10g		<u>х</u>		<del></del>		
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or	mo of the	10h 10i					-	
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme	nts? (If "Yes," see ir	structions and comp	olete S	Schedu	ile SE	(Form	Π.		
12	Is this a defined contribution plan subject to the minimum funding r	equirements of sost	on 412 of the O- I	<u></u>				<u>Ц</u>	Yes No Yes X No	
lf y	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ble.) I amortized in this pl MB (Form 5500), ai	an year, see instruct Month	lions, a	and er			1.		
D	Enter the minimum required contribution for this plan year				. [1	2b				
C	Enter the amount contributed by the employer to the plan for this plan	an vear				I2c				
u	negative amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left									
e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?.					Yes	□ No		
Part	VII   Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					XY	es 🗍	No		
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13	2					
	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?	ransferred to anothe	r plan, or brought ur	nder th	ne con	trol	· · · ·		′es ∏ No	
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	plan(s), identify the	e plan(	s) lo			Ξ.		
	Sc(1) Name of plan(s):				13c(	2) EIN	V(s)	130	c(3) PN(s)	
WORLDWIDE MEMBERS' MULTIPLE EMPLOYER PLAN 91-						91-2146795 333				
Cauti	on: A penalty for the late or incomplete filing of this return/report									
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	Program in the second						able, a S knowled	Schedule Ige and	
SIGN	AMILLA FAMI HO1212 SHELLEY A PA									
HERE	Signature of plan administrator									
SIGN			Enter name of indi	ividual	i signir	ng as	plan adm	inistrato	r	
nerte	Signature of employer/plan sponsor	Date	Enter name of indi	ividual	signir	ng as	employer	or plan	sponsor	