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

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	the instructions to the Form 5500	-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 05/01/201	1	and ending 04	4/30/20)12		
	This return/report is: X a single-employer plan		-employer plan (not multiemployer)		a one-particip	ant plan	
В			eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	-		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)					
Pa	rt II Basic Plan Information—enter all requested informa	ation					
	Name of plan			1b -	Three-digit		
	N. CARLSON, INC. 401(K) PROFIT SHARING PLAN				olan number		
				((PN) •	002	
				1c	Effective date of		
					05/01/	1991	
	Plan sponsor's name and address; include room or suite number (en N. CARLSON, INC.	mployer, if	for a single-employer plan)		Employer Identif EIN) 91-08		er
				2c 3	Sponsor's telep	none number	
PO B	OX 725				360-629		
	JWOOD, WA 98292-0725			2d [Business code (see instruction	ns)
					48411	0	
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's I		
ROY	N. CARLSON, INC. PO BOX 725 STANWOOD,	WA 9829	2-0725	0 -		35440	
	01/11W00B,	, W/(0020	2 0720	3C /	Administrator's t 360-629		nber
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b		1012	
•	name, EIN, and the plan number from the last return/report.	dot rotarri	oport med for the plan, enter the	70	LIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			3
b	Total number of participants at the end of the plan year			5b			3
c	Number of participants with account balances as of the end of the p		-	0.0			
	complete this item)	•	•	5c			3
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQF	PA)			- 1
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Information			1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	. 7a	2239869			2402282	
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	2239869			2402282	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		82591				
	(1) Employers	8a(1)					
	(2) Participants	. 8a(2)	36820				
	(3) Others (including rollovers)	8a(3)	10436				
b	Other income (loss)	8b	64601				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				194448	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	14410				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	17625				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				32035	5
i	Net income (loss) (subtract line 8h from line 8c)					162413	
;	Transfers to (from) the plan (see instructions)						
j	וומווסופוס נט (ווטווו) נוופ אומוו (שפפ וווטוועטווטווא)	8j					

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Form	5500	-SE	201	1

Page 2 -	1
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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amo	ount
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			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
Was the plan covered by a fidelity bond?	10c	Χ				200
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			
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		Х			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ				57
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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					
VI Pension Funding Compliance		ı				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes X
3300))						
						Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruc	e or sec	ction 3	302 of E	RISA?	[tter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver	e or sections,	ction 3	302 of E	RISA?	[tter ruling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructing the waiver. Mon you 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? Will 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 e	nter the Day	RISA?	f the let. Yea	tter ruling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Mon you 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? 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	and e	nter the Day	RISA?	f the let. Yea	tter ruling r No 1
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belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/08/2012	BRUCE CARLSON
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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in acco	rdance w	ith the instructions to the Form 550	0-SF.	Ins	spection	
	art Annual Report Identification Information						
	-	05/01/	2011 and ending		04/30/201	L2	
_	This return/report is for:	a multip	le-employer plan (not multiemployer)		a one-partici	oant plan	
В	This return/report is: the first return/report	the final	return/report				
	an amended return/report	a short p	olan year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558	7	tic extension	,	DFVC progra	ım	
	special extension (enter description)	ion)			r o progre		
P	Part II Basic Plan Information—enter all requested inform						
1a	Name of plan	idion		1h	Three-digit		
	Roy N. Carlson, Inc. 401(k) Profit Share	ing Pl	an	"	plan number		
		J			(PN) •	002	
				1c	Effective date of	plan	
	Plan sponsor's name and address; include room or suite number (o		***		05/01/1993		
	Roy N. Carlson, Inc.	employer,	if for a single-employer plan)	2b	Employer Identif	ication Numbe	er
				_	(EIN) 91-083		
	P			2C	Sponsor's teleph (360) 629-	none number	
	PO Box 725			2d	Business code (-\
	Stanwood		WA 98292-0725	24	484110	see instruction	S)
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "Sam	ne")	3b	Administrator's E	IN	
	Danie						
				3с	Administrator's to	elephone numi	ber
4	If the name and/or EIN of the plan sponsor has changed since the	last return	report filed for this plan, enter the	46		4542	
	riame, Env., and the plan number from the last return/report.	.aot rotarr	report med for this plan, enter the	4b	EIN		
-	Sponsor's name			4c	PN		
5a	or the beginning of the plan year			5a			38
b	or participante at the end of the plan year			5b			37
С	The second of participants with account balances as of the end of the	plan year	defined benefit plans do not				
6a	complete this item)			5c			35
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a	le assets?	(See instructions.)			X Yes	No
	differ 29 CFR 2520.104-46? (See instructions on waiver eligibility)	and condi	tions.)			X Yes	No
Б	n you answered No to either ba or bb, the plan cannot use F	orm 5500	-SF and must instead use Form 550	0.	••••••	M 163	NO
-	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Year	
a	Total plan assets	7a	2,239,86	9		2,402,	282
	Total plan liabilities						
	Net plan assets (subtract line 7b from line 7a)	7c	2,239,86	9		2,402,	282
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To		
a	Contributions received or receivable from: (1) Employers		00.50		(=)	764	
	(1) Employers		82,59				
	(2) Participants	8a(2)	36,82				
b	(3) Others (including rollovers)	8a(3)	10,43				
C	(1000)	8b	64,60	1			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				194,4	448
-	to provide benefits)	8d	14,410				
е	Certain deemed and/or corrective distributions (see instructions)	8e		1			
f	Administrative service providers (salaries, fees, commissions)	8f	17,625				
g	Other expenses	8g	1,,02	1			
h		8h				30 (125
i	Net income (loss) (subtract line 8h from line 8c)	8i				32,0	
j	Transfers to (from) the plan (see instructions)	8i				162,4	±13
		. 01		Mary Control of the C			

Form 5500-SF 201	11	201	F 2	-SF	5500	Form	
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Dart IV	Dlan	Characteristics
Partiv	Plan	Unaracteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

			Title List of Flair Offara	iciensi	ic cou	es III i	ine instructi	UHS.		
Part	٧	Compliance Questions								
10		uring the plan year:			Yes	No		Amou	unt	
a	2	as there a failure to transmit to the plan any participant contributions within the ti 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	Program)	10a		Х				
b	on	ere there any nonexempt transactions with any party-in-interest? (Do not include l line 10a.)	transactions reported	10b		Х				
С	V	as the plan covered by a fidelity bond?		10c	Х				20	0,000
d	Di or	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that dishonesty?	was caused by fraud	10d		Х				
е	W	ere any fees or commissions paid to any brokers, agents, or other persons by an surance service or other organization that provides some or all of the benefits und structions.)	insurance carrier,	10e		Х				
f		as the plan failed to provide any benefit when due under the plan?		10f		X				
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	Х		<u> </u>		5	7,753
h	If t	this is an individual account plan, was there a blackout period? (See instructions 20.101-3.)	and 29 CFR	10h		Х				
i	lf '	10h was answered "Yes," check the box if you either provided the required notice ceptions to providing the notice applied under 29 CFR 2520.101-3	or one of the	10i						
Part										
11	ls 1 55	this a defined benefit plan subject to minimum funding requirements? (If "Yes," so	ee instructions and com	plete	Sched	ule SE	3 (Form	П	Yes	X No
12	ls	this a defined contribution plan subject to the minimum funding requirements of	section 412 of the Code	e or se	ction 3	02 of	ERISA?	Name and Address of the Owner, where		X No
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
a	gra	a waiver of the minimum funding standard for a prior year is being amortized in th anting the waiver.	is plan year, see instru Mon	ctions,	and e	nter th	ne date of th	ne lette	er ruli	ing
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		rear .		
b		ter the minimum required contribution for this plan year				12b				
C	En	ter the amount contributed by the employer to the plan for this plan year			[12c				
d	Su	btract the amount in line 12c from the amount in line 12b. Enter the result (enter gative amount)	a minus sign to the left	of a	[12d				
		Il the minimum funding amount reported on line 12d be met by the funding deadli	ne?				Yes	No)	N/A
Part	-									
13a		s a resolution to terminate the plan been adopted in any plan year?				\ \	res X No)		
		Yes," enter the amount of any plan assets that reverted to the employer this year								
	of '	ere all the plan assets distributed to participants or beneficiaries, transferred to ar the PBGC?				ntrol			Yes	X No
	wh	luring this plan year, any assets or liabilities were transferred from this plan to an ich assets or liabilities were transferred. (See instructions.)	other plan(s), identify t	he plar	n(s) to					
1	3c(1) Name of plan(s):		_	130	(2) EI	N(s)	13	3c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report will be asses	sed unless reasonab	le can	so is a	etabl	ishod			
Under SB or	r pe Sc	nalties of perjury and other penalties set forth in the instructions, I declare that I I hedule MB completed and signed by an enrolled actuary, as well as the electronist true, correct, and complete	have examined this retu	irn/ren	ort in	cludin	g if applica	ble, a	Sche dge	edule and
SIGN	,	x/Bured (Pur Sur 1050c).	20 Bruce Carl	son						
HERI	2000	Signature of plan administrator Date	Enter name of in		al sign	ing e	s nlan admir	nietrot	or	
SIGN			7/2 Bruce Carl		ai siyi	mig as	pian aunili	noudl	01	
HERI		Signature of employer/plan sponsor Date	Enter name of in		al aia-	ing of	ompleyer	or pla		noce
-		Date	Litter name of it	iuiviuu	ai Sigi	mry as	s employer (or plai	1 SD0	HSOF I