### 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

	Complete all entries in accord	iance witi	i the mstructions to the Form 550	J-SF.				
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011			
Α -	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan		
		the final r	eturn/report					
		a short pla	in year return/report (less than 12 mo	onths)				
C	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC progra	m		
	special extension (enter description			Ļ				
Pa	art II Basic Plan Information—enter all requested informa	,						
_	Name of plan	шоп		1h	Three-digit			
	TLE AND COLEMAN LOGGING CO., INC. PROFIT SHARING PLAN				plan number			
					(PN) <b>•</b>	001		
				1c	Effective date of	•		
0-					10/01/			
	Plan sponsor's name and address; include room or suite number (en TLE AND COLEMAN LOGGING CO., INC.	nployer, if	for a single-employer plan)		Employer Identif (EIN) 91-07		er	
					(=114)			
DO D	0.07.4200			20	Sponsor's teleph 360-426			
	OX 1760 LTON, WA 98584			2d Business code (see instruction				
					11331		-,	
	Plan administrator's name and address (if same as plan sponsor, en		3")	<b>3b</b> Administrator's EIN				
CAST	TLE AND COLEMAN LOGGING CO., INC. PO BOX 1760 SHELTON, W.			91-0774505				
				<b>3c</b> Administrator's telephone number 360-426-8262				
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 EIN				
_	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c	PN T		1:	
	Total number of participants at the beginning of the plan year			5a	1			
b	Total number of participants at the end of the plan year			5b			1	
С	Number of participants with account balances as of the end of the pl complete this item)			5c			14	
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes	No	
	Are you claiming a waiver of the annual examination and report of a		'	PA)			_	
	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	rm 5500-	SF and must instead use Form 55	00.				
	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year 820574		(b) End	of Year 814613	)	
a	Total plan assets	7a 	620374	+		01401	)	
b	Total plan liabilities	7b -	820574			814613	2	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c						
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai		
а	(1) Employers	8a(1)	30000					
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-23850					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				6150	)	
d	Benefits paid (including direct rollovers and insurance premiums	0.1	4826					
е	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8d 8e						
f	Administrative service providers (salaries, fees, commissions)	8f	7285					
g	Other expenses	8g						
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1211		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-596′		
i	Transfers to (from) the plan (see instructions)	8j						
	, , , , , , , , , , , , , , , , , , , ,	OI						

_		$\sim$ $-$		
Form	5500	SE	2011	

		•	
Part IV	I Plan	Charac	cteristics

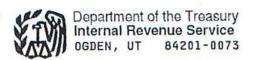
- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No	,	Amc	unt		
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)		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		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Χ						
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					
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		Χ					
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							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X	No
lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
	Enter the minimum required contribution for this plan year.			12b 12c					
d	Enter the amount contributed by the employer to the plan for this plan year	of a		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u>_</u>	Yes	٦	lo	N/	Α
art									
	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No	)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		the co	ntrol		П	Yes	1 X	۷o
С	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.)	e plar	n(s) to			_			
1	3c(1) Name of plan(s):		130	(2) Ell	۱(s)	Ŀ	13c(3)	PN(s	s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.				
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	LYLE D COLEMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2012	LYLE D COLEMAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

29077-217-21766-2 TE



Date of this notice: SEP. 3, 2012 Taxpayer Identifying Number:

910774505

91-0774505

Form: 5500SF/8955-SSA Tax Period: DEC. 31, 2011

Plan Number: 001

For assistance you may call us at:

1-877-829-5500

Or you may write to us at the address shown at the left.

073357.103884.0232.004 1 AB 0.374 373 վելիլուկիլորիիկիվեկցիկութիսինիկիլութիմ

CASTLE AND COLEMAN LOGGING CO PO BOX 1760 SHELTON

WA 98584-5010

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#### APPLICATION FOR EXTENSION OF TIME TO FILE CERTAIN **EMPLOYEE PLAN RETURNS**

We received your Form 5558, Application for Extension of Time to File Certain Employee Plan Returns, for the return (form), plan number, and tax period identified above. The due date to file your return is extended to OCT. 15, 2012.

Do not attach a copy of this notice to your return. This notice should be kept with your records.

#### Additional Information

- If a tax practitioner or someone else prepared your form, you may want to give them a copy of this notice. (A copy was automatically sent to representatives authorized with a Power-of-Attorney for this form.)
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- For general information, tax forms, and publications, visit www.irs.gov. Employee Plan information is on the "Retirement Plans Community" tab.
- If you have questions about employee plans, call TEGE Customer Account Services at 1-877-829-5500.

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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 section 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

	Pension Benefit Guaranty Corporation  ▶ Complete all entries in accor-	dance with	the instructi	ons to the Form 550	n-SE	Inspection			
P	art I Annual Report Identification Information	danoo miin	the motion	ons to the Form 330	0-01.				
_	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12.	/31/2011			
	This return/report is for:  x a single-employer plan		·	(not multiemployer)	7				
				(not martiemployer)	_	a one-participant plan			
D	This return/report is: the first return/report	the final ret	,						
	an amended return/report	a short plar	n year return/r	eport (less than 12 mor	nths)				
С	Check box if filing under: x Form 5558	automatic e	extension			DFVC program			
	special extension (enter description	)			_	_			
P	art II Basic Plan Information enter all requested infor	· · · · · · · · · · · · · · · · · · ·							
	Name of plan	mation.			1h 1	Three-digit			
	ν					plan number			
	Castle and Coleman Logging Co., Inc. Profit Sh	aring Pl	.an		,	PN) ▶ 001			
						Effective date of plan			
22	Plan sponsor's name and address; include room or suite number (em					10/01/1976			
<u>_</u> a	Castle and Coleman Logging Co., Inc.	ployer, it for	single-employ	/er plan)		Employer Identification Number			
						EIN) 91-0774505			
						Plan sponsor's telephone number (360) 426-8262			
	PO Box 1760			•		· /			
US	Shelton WA 98584					Business code (see instructions) L13310			
$\frac{33}{3a}$		er "Same")			3h 4	Administrator's EiN			
	Same	/			0.0 /	idililiotido o Eliv			
					2-				
					3c Administrator's telephone number				
_									
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/repo	ort filed for this	plan, enter the	4b EIN				
а	name, EIN, and the plan number from the last return/report.  Sponsor's Name				4c F	PN			
	Total number of participants at the beginning of the plan year				5a	13			
b	Total number of participants at the end of the plan year				5b	14			
С	Number of participants with account balances as of the end of the pla	n year (defin	ned benefit pla	ins do not					
	complete this item)				5c	14			
	Were all of the plan's assets during the plan year invested in eligible a					Yes No			
þ	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independen Londitions	t qualified pub \	olic accountant (IQPA)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Forn					A res [140			
Pa	art III Financial Information								
7	Plan Assets and Liabilities	4-	(a) B	eginning of Year		(b) End of Year			
а	Total plan assets	. 7a		820,574		814,613			
b	•	. 7b		020/0/4		044,013			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	· · · · · · · · · · · · · · · · · · ·	820,574	<del>                                     </del>	814,613			
8	Income, Expenses, and Transfers for this Plan Year	. , , ,		a) Amount	<del>                                     </del>	(b) Total			
а	Contributions received or receivable from:		·- ·- ·	,-,		(5) (6)			
	(1) Employers	. 8a(1)		30,000					
	(2) Participants	. 8a(2)							
	(3) Others (including rollovers)	. 8a(3)				활성 그리는 문제 그 기록 들어 많다			
b	Other income (loss)	. 8b		(23,850)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			`,	6,150			
d	Benefits paid (including direct rollovers and insurance premiums			4 000					
_	to provide benefits)	• 8d		4,826					
e	Certain deemed and/or corrective distributions (see instructions) .	. 8e			-				
f	Administrative service providers (salaries, fees, commissions)	. 8f		7,285	-				
g	Other expenses	. 8g			-				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				12,111			
1	Net income (loss) (subtract line 8h from line 8c)		1 / 1			(5,961)			
j	Transfers to (from) the plan (see instructions)	. 8j			1 .				

	Form 5500-SF 2011		Page <b>2-</b>					
Par	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the Li	ist of Plan Characteris	tic Cod	les in	the instructi	ons:	
	2E 3D							
D	If the plan provides welfare benefits, enter the applicable welfare featur	re codes from the Lis	t of Plan Characterist	c Code	s in th	ne instruction	ns:	
Par	t V Compliance Questions							
10	During the plan year:			Υe	s N	0	Amount	
а	Was there a failure to transmit to the plan any participant contribution	ns within the time per	iod described in		٠,	<		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I	y Correction Program	1)	0a	-  -	-		
	on line 10a.)	· · · · · · · · · · · · · · · · · · ·	, I	юь		ζ		
С	Was the plan covered by a fidelity bond?		<del> </del>	0c	1	ζ		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide	elity bond, that was c	aused by fraud		+	-		
	or dishonesty?		* 1	0d	. 2	ζ		
е	Were any fees or commisions paid to any brokers, agents, or other p	ersons by an insuran	ce carrier,	l				
	insurance services or other organization that provides some or all of instructions.)	the benefits under the	e plan? (See	0e	2	r l		
f	Has the plan failed to provide any benefit when due under the plan?			Of	7	2		
g	Did the plan have any participant loans? (If "Yes," enter amount as or		i i		7			
h	If this is an individual account plan, was there a blackout period? (Se	e instructions and 29	CFR	0g	- -	100 100 10	eta Jarena	At 1,511 (
	2520.101-3.)		1	0h	_   3	1、企業		
ı	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	e of the	0i				
Part	VI Pension Funding Compliance			01		1 2515		
11	Is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see inst	ructions and complete	Sched	lule S	B (Form		
12	5500))	<u> </u>	<u> </u>	<u> </u>	<u></u>			s X No
14	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	uirements of section	412 of the Code or se	ection 3	02 of	ERISA?	Ye	s X No
а	If a waiver of the minimum funding standard for a prior year is being a	•	Voor soo instructions				1.11	
	granung the warver		· · · · Month	, and e	inter t	Day	e letter rulln _ Year	g
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and s	skip to line 13.					
b	Enter the minimum required contribution for this plan year				12		·	
c d	Enter the amount contributed by the employer to the plan for this plan.	year			12	С		
ч	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minu	s sign to the left of a		12	d		
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .				Yes	□No	□N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year'						Ye	s X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year			13	а		
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought under	the co	ntrol			
С	of the PBGC?	this plan to another n	lan(s) identify the ple	n/n) to			Ye	s X No
	which assets or liabilities were transferred. (See instructions.)		ian(s), identity the pla	11(5) 10				•
1	3c(1) Name of plan(s):				13c(2	) EIN(s)	13c(:	3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report v	vill be assessed uni	ess reasonable caus	o le oe	tablic	hod		
Jnder	penalties of perjury and other penalties set forth in the instructions. I do	eclare that I have exa	amined this return/ren	ort incl	udina	if applicable	lo a Cobodu	la .
B or	Schedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	the electronic versio	n of this return/report,	and to	the b	est of my kn	io, a ochedu iowledge and	4
	1 / 1 / 1	10 11 12						
SIG		10-11-12	Lyle D Coleman			··		
	4016	Date	Enter name of indivi		ning	as plan adm	ninistrator	
SIGN		10-11-15	Lyle D Coleman	1				
1121	Signature of employer/plan sponsor	Date	Enter name of indivi	dual sig	ning	as employe	r or plan spo	nsor

Enter name of individual signing as employer or plan sponsor