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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending 04/30/201 a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number ROY N. CARLSON, INC. 401(K) PROFIT SHARING PLAN 002 (PN) • 1c Effective date of plan 05/01/1991 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ROY N. CARLSON, INC. 91-0835440 (EIN) Sponsor's telephone number 360-629-4542 PO BOX 725 STANWOOD, WA 98292-0725 Business code (see instructions) 484110 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a 38 **b** Total number of participants at the end of the plan year..... 5_b 37 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 35 complete this item)

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)
 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	11/26/2013	BRUCE CARLSON					
	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					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				Preparer's telephone number (optional)				

Yes

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a	Total plan assets	7a	1	2402282		274482		
	Total plan liabilities	7b	LIGHTON					
	Net plan assets (subtract line 7b from line 7a)	7c	240228	2402282			2744827	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	7734	2				
	(2) Participants	8a(2)	3797	' 0				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	28540	16				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					400718	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3094	8				
е	Certain deemed and/or corrective distributions (see instructions)	8e	828	4				
f	Administrative service providers (salaries, fees, commissions)	8f	1894	1				
q	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					58173	
	Net income (loss) (subtract line 8h from line 8c)	8i					342545	
	Transfers to (from) the plan (see instructions)	8j					0 120 10	
Par	t IV Plan Characteristics	o j						
	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 2F 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:	
Part	V Compliance Questions							
10	<u> </u>				Yes	No	A	
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		162		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		X		
	on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X		
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X		
	instructions.)			10e				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	X		73824	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of the letter rulingYear	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T	
b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2012 Page 3 - 1			
	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 the left of a 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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	al Report Identification Information		-	
For calendar plan	ear 2012 or fiscal plan year beginning 05/01/2012	and ending	04/30/2013	
A This return/repo	rt is for: a single-employer plan a multiple-emp	loyer plan (not multiemployer)	a one-participant plan	
B This return/repo	rt is: the first return/report the final return	/report		
	an amended return/report a short plan ye	ar return/report (less than 12 m	nonths)	
C Check box if fili	g under: Form 5558 automatic exte	nsion	DFVC program	
	special extension (enter description)			
Part II Basi	Plan Information—enter all requested information			
1a Name of plan			1b Three-digit	
Roy N. Ca	rlson, Inc. 401(k) Profit Sharing Plan		plan number (PN) • 002	
			(PN) ▶ 002 1c Effective date of plan	
			05/01/1991	
2a Plan sponsor's	name and address; include room or suite number (employer, if for a	single-employer plan)	2b Employer Identification Number	
Roy N. Ca	rlson, Inc.		(EIN) 91-0835440	
			2c Sponsor's telephone number	
PO Box 72		-	(360) 629-4542	
988 (CDC) 16 98 98 98 98 98 98 98 98 98 98 98 98 98		MA 00000 0705	2d Business code (see instruction 484110,	is)
Stanwood 3a Plan administra	tor's name and address XSame as Plan Sponsor Name Same a	WA 98292-0725 s Plan Sponsor Address	3b Administrator's EIN	
		h,		
			3c Administrator's telephone num	ber
	d/or EIN of the plan sponsor has changed since the last return/report	filed for this plan, enter the	4b EIN	
name, EIN, ar	d the plan number from the last return/report.	filed for this plan, enter the		
name, EIN, ar a Sponsor's nam	d the plan number from the last return/report.		4c PN	20
name, EIN, ar a Sponsor's nam 5a Total number	d the plan number from the last return/report. e f participants at the beginning of the plan year		4c PN 5a	38
name, EIN, ar a Sponsor's nam 5a Total number b Total number	d the plan number from the last return/report. e If participants at the beginning of the plan year		4c PN	38
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par	d the plan number from the last return/report. e f participants at the beginning of the plan year	d benefit plans do not	4c PN 5a	
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this	d the plan number from the last return/report. of participants at the beginning of the plan year of participants at the end of the plan year icipants with account balances as of the end of the plan year (define	d benefit plans do not	4c PN 5a 5b 5c	37
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim	d the plan number from the last return/report. If participants at the beginning of the plan year If participants at the end of the plan year Icipants with account balances as of the end of the plan year (definetem) Iplan's assets during the plan year invested in eligible assets? (See any a waiver of the annual examination and report of an independent	d benefit plans do not instructions.)qualified public accountant (IQF	4c PN 5a 5b 5c X Yes	37 35 No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR	d the plan number from the last return/report. e if participants at the beginning of the plan year if participants at the end of the plan year icipants with account balances as of the end of the plan year (define tem) plan's assets during the plan year invested in eligible assets? (See ing a waiver of the annual examination and report of an independent 2520.104-46? (See instructions on waiver eligibility and conditions.)	d benefit plans do not instructions.)qualified public accountant (IQF	4c PN 5a 5b 5c X Yes PA) X Yes	37 35
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer	d the plan number from the last return/report. graph of participants at the beginning of the plan year	d benefit plans do not instructions.)qualified public accountant (IQF	4c PN 5a 5b 5c	37 35 No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penalty	d the plan number from the last return/report. graph of participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penalty Under penalties of SB or Schedule ME	d the plan number from the last return/report. graph of participants at the beginning of the plan year	d benefit plans do not instructions.) qualified public accountant (IQF 00-SF and must instead use I essed unless reasonable caus I have examined this return/rep	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penaltie	d the plan number from the last return/report. graph of participants at the beginning of the plan year	d benefit plans do not instructions.) qualified public accountant (IQF 00-SF and must instead use I essed unless reasonable caus I have examined this return/rep	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penaltity Under penalties of SB or Schedule Me belief, it is true, cor	d the plan number from the last return/report. If participants at the beginning of the plan year	d benefit plans do not instructions.) qualified public accountant (IQF 00-SF and must instead use I essed unless reasonable caus I have examined this return/rep	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penalt Under penalties of SB or Schedule MB belief, it is true, cor	d the plan number from the last return/report. If participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penaltr Under penalties of SB or Schedule MB belief, it is true, cor SIGN HERE Signa	d the plan number from the last return/report. If participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penalt Under penalties of SB or Schedule MB belief, it is true, cor SIGN HERE Signa	d the plan number from the last return/report. graph of participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and tall signing as plan administrator	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penaltr Under penalties of SB or Schedule ME belief, it is true, cor SIGN HERE Signa Signa	d the plan number from the last return/report. If participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and	37 35 No No
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penaltr Under penalties of SB or Schedule ME belief, it is true, cor SIGN HERE Signa Signa	d the plan number from the last return/report. If participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and the best of my knowledg	37 35 No No Ille d
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penaltr Under penalties of SB or Schedule ME belief, it is true, cor SIGN HERE Signa Signa	d the plan number from the last return/report. If participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and the best of my knowledg	37 35 No No Ille d
name, EIN, ar a Sponsor's nam 5a Total number b Total number c Number of par complete this 6a Were all of the b Are you claim under 29 CFR If you answer Caution: A penaltr Under penalties of SB or Schedule ME belief, it is true, cor SIGN HERE Signa Signa	d the plan number from the last return/report. If participants at the beginning of the plan year	d benefit plans do not instructions.)	4c PN 5a 5b 5c X Yes PA) X Yes Form 5500. se is established. ort, including, if applicable, a Schedu and to the best of my knowledge and the best of my knowledg	37 35 No No Ille d

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	***************************************	
a Total plan assets	. 7a	2,402	2,28				2,7	44,827	
b Total plan liabilities	. 7b						***************************************		
C Net plan assets (subtract line 7b from line 7a)	. 7c	2,402	2,28	2			2,7	44,827	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
Contributions received or receivable from: (1) Employers	. 8a(1)		7,34						
(2) Participants	. 8a(2)		7,97	0.000					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b	285	5,40	6					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	00,718	
d Benefits paid (including direct rollovers and insurance premiums						garage in the			
to provide benefits)	. 8d		94						
e Certain deemed and/or corrective distributions (see instructions)	. 8e		3,28	4					
f Administrative service providers (salaries, fees, commissions)	. 8f	18	3,94	1					
g Other expenses	. 8g					272.000 150 5 8 70			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							58,173	
Net income (loss) (subtract line 8h from line 8c)	8i			342,5				42,545	
Transfers to (from) the plan (see instructions)	· 8j								
Part IV Plan Characteristics									
b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature codes	non the List of Fran Onarat	2101131		C5 III (ne mstruct	OH5.		
10 During the plan year:				Yes	No		Amount		
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		***************************************		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
C Was the plan covered by a fidelity bond?			10c	Х			2	200,000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			,	
Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all oinstructions.)	ner persons b of the benefits	y an insurance carrier, s under the plan? (See	10e		х		***************************************	THE SECTION SE	
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
				***	Λ			F2 004	
g Did the plan have any participant loans? (If "Yes," enter amount a			10g	X				73,824	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10		- Carrier Control of the Control of	10i						
Part VI Pension Funding Compliance	······································								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X No	
11a Enter the amount from Schedule SB line 39					11a				
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ction :	302 of	ERISA?	Yes	X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
(IT Tes, demplete into 12d of into 125, 125, 126, and 125 seleti	, as applicabl	e.)							
If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instruc		and e	enter th Day	ne date of t	he letter r Year	ruling	
a If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instruc		and e	-	ne date of t		ruling	

	Form 5500-SF 2012 Page 3 -						
	Enter the amount contributed by the analysis to the aller (all in the		40-	1			
d	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 of negative amount).	fa	12c 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?			res X No	·		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder the	control		☐ Yes	X No	
c	c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	1:	3c(2) El	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)	·····			L		
	Name of trust		14b ⊤r	ust's EIN			