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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>	1							
For calend	dar plan year 2014 or	fiscal plan year beginning 05/01/2	2014	and ending 04	/30/2015					
A This re	eturn/report is for:	X a single-employer plan	ш : : : : : : : : : : : : : : : : : : :	plan (not multiemployer) oyer information in accor						
		a one-participant plan	a foreign plan							
B This ret	turn/report is	the first return/report	the final return/report	i .						
		an amended return/report	a short plan year retu	urn/report (less than 12 m	2 months)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram				
		special extension (enter desc								
Part II		ormation—enter all requested in	formation							
1a Name	•	DDOELT CHARING DI ANI			1b Three-digit plan numbe	·r				
ROY N. CA	IRLSON, INC. 401(K)	PROFIT SHARING PLAN			(PN) ▶	002				
					1c Effective da	te of plan 5/01/1991				
2a Plan s	sponsor's name and a	address; include room or suite numb	per (employer, if for a single	e-employer plan)	<u> </u>	lentification Number				
	RLSON, INC.	, , , , , , , , , , , , , , , , , , , ,	or (empreyer, meet a emg		(EIN) 9	1-0835440				
PO BOX 725	5					elephone number 0-629-4542				
	D, WA 98292-0725					ode (see instructions) 84110				
3a Plan a	administrator's name	and address XSame as Plan Spor	sor.		3b Administrate					
					0	or's telephone number				
4 If the	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
name		umber from the last return/report.			4c PN					
		ts at the beginning of the plan year			5a	39				
_		ts at the end of the plan year			-	37				
		h account balances as of the end of			5c	34				
	,	participants at the beginning of the p			5d(1)	37				
d(2) ⊤o	tal number of active p	participants at the end of the plan ye	ear		5d(2)	34				
		terminated employment during the			5e	C				
		e or incomplete filing of this retu			use is established					
Under per SB or Sch	nalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I hav	e examined this return/re	port, including, if ap	oplicable, a Schedule				
SIGN		d/valid electronic signature.	10/31/2015	BRUCE CARLSON						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN										
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ		loyer or plan sponsor				
riepaiers	s name (including firm	name, if applicable) and address (nolade room or suite numb	oei / (optional)	Freparer's teleph	one number (optional)				

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?		Yes	No	Not dete	ermined
Par	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	27852	287	-			3021	1544
	Total plan liabilities	7b	27852	027				3021	1544
	Net plan assets (subtract line 7b from line 7a)	7c		-01			(b) T		1044
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)	745						
	2) Participants	8a(2)	463						
	(3) Others (including rollovers)	8a(3)		934					
	Other income (loss)	8b	2480	189	_			0.00	2000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						369	9988
	to provide benefits)	8d	1070)47					
е	Certain deemed and/or corrective distributions (see instructions)	8e	50)18					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	216	666					
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3731
	Net income (loss) (subtract line 8h from line 8c)	8i						236	6257
Par	Transfers to (from) the plan (see instructions) IV Plan Characteristics	8j							
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Coc	les in t	he instructi	ons:	
10	During the plan year:				Yes	No		Amount	t
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ			
C	Was the plan covered by a fidelity bond?			10c	X				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X				88221
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									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X No
	Enter the unpaid minimum required contribution for current year fr					11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?	Ye	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			otions	224	nto- 4	no doto of th	no lottor	rulina
d	granting the waiver	-			, and 6 	enter ti Day		ne letter Year	ruiing

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13	3.		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	nis year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		t under the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Report Iden		on			
For calend	ar plan year 2014 or fiscal plan		05/01/2014	and ending	04/30/20	
A This ref	turn/report is for:	single-employer plan	of participating emp	plan (not multiemployer loyer information in acco		
	片	one-participant plan	a foreign plan	ž.		
B This retu	H	e first return/report	the final return/repo		820 18	
	ar	n amended return/report	a short plan year re	turn/report (less than 12	months)	
C Check b	oox if filing under:	orm 5558	automatic extension	n	☐ DFVC progr	am
	☐ st	pecial extension (enter de	escription)			
Part II	Basic Plan Informat	ion—enter all requested	Information			
1a Name					1b Three-digit	
D N	Com1 Too 40	1/h) Desfit Cha	wing Dlan		plan number	
коу м.	Carlson, Inc. 40	I(K) Proiit Sna	aring Plan		(PN) •	002
					1c Effective date of 05/01/1993	
2a Plan s	ponsor's name and address;	include room or suite nu	mber (employer if for a sing	le-employer plan)	2b Employer Ident	
	Carlson, Inc.	molade room or salte har	mber (employer, mor a omg	ic employer plany	(EIN) 91-083	
nog m	00110011, 11101				2c Sponsor's telep	
					(360) 629	
PO Box	725				2d Business code	
Stanwo	od		W	A 98292-0725	484110	
3a Plan a	dministrator's name and add	ress XSame as Plan Sp	onsor.		3b Administrator's	EIN
	name and/or EIN of the plan			for this plan, enter the	4b EIN	
name	name and/or EIN of the plan , EIN, and the plan number fi nsor's name			for this plan, enter the	4b EIN 4c PN	
name a Spor	, EIN, and the plan number fr	rom the last return/report.			4c PN	39
a Spor	, EIN, and the plan number finsor's name	beginning of the plan year	ar		4c PN 5a	39
name a Spor 5a Total o b Total o c Numb	, EIN, and the plan number finsor's name number of participants at the number of participants at the per of participants with account	beginning of the plan year end of the plan year to balances as of the end	of the plan year (defined be	nefit plans do not	4c PN 5a 5b	37
b Total c	, EIN, and the plan number for nsor's name number of participants at the number of participants at the	beginning of the plan year end of the plan year nt balances as of the end	of the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c	
b Total c Numb comple d(1) Total	EIN, and the plan number finsor's name number of participants at the number of participants at the per of participants with account te this item)	beginning of the plan year end of the plan year ht balances as of the end must at the beginning of the	of the plan year (defined be	nefit plans do not	4c PN 5a 5b 5c 5d(1)	37 34 37
name a Spor 5a Total of b Total of c Number comple d(1) Total e Number	REIN, and the plan number finsor's name number of participants at the number of participants at the per of participants with account ete this item)	beginning of the plan year end of the plan year Int balances as of the end Ints at the beginning of the plan ted employment during the street of the plan ted employment during the street end of the plan ted employment during the street employment during the street end of the plan ted employment during the street employment during the street employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end of the plan ted employment during the street end	of the plan year (defined be plan year	nefit plans do not	4c PN 5a 5b 5c	37 34 37 34
name a Spor 5a Total of b Total of C Number complet d(1) Total d(2) Total e Number less the	EIN, and the plan number finsor's name number of participants at the number of participants at the per of participants with account ete this item)	beginning of the plan year end of the plan year ht balances as of the end ints at the beginning of the ints at the end of the plan ted employment during the	of the plan year (defined be e plan year year	nefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	37 34 37
b Total of C Number completed (1) Total of C Number completed (2) Total of C Number completed (2) Total of C Number completes the Caution: A Under pension of SB or Schelles	REIN, and the plan number finsor's name number of participants at the number of participants at the per of participants with account ete this item)	beginning of the plan year end of the plan year Int balances as of the end onts at the beginning of the plan ted employment during the complete filing of this returnalties set forth in the ins	of the plan year (defined be plan year	nefit plans do not nefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if applic	37 34 37 34 0
name a Sport 5a Total of b Total of c Number completed (1) Total d(2) Total e Number less the Caution: A Under pens SB or Sche belief, it is	REIN, and the plan number finsor's name number of participants at the number of participants at the per of participants with account ete this item) all number of active participants at number of active participants at number of active participants and 100% vested	beginning of the plan year end of the plan year Int balances as of the end onts at the beginning of the plan ted employment during the complete filing of this returnalties set forth in the ins	of the plan year (defined be plan year	nefit plans do not enefits that were d unless reasonable care re examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if applicate, and to the best of my	37 34 37 34 0
b Total of C Number completed (1) Total of C Number completed (2) Total of C Number completed (2) Total of C Number completes the Caution: A Under pension of SB or Schelles	REIN, and the plan number finsor's name number of participants at the number of participants at the number of participants with account ete this item)	beginning of the plan year end of the plan year end of the plan year In balances as of the end ents at the beginning of the plan ted employment during the complete filing of this retail native set forth in the instead by an enrolled actuary	of the plan year (defined be plan year	nefit plans do not nefits that were d unless reasonable care examined this return/rersion of this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if application, and to the best of my	37 34 37 34 0 cable, a Schedule y knowledge and
name a Sport 5a Total of b Total of c Number completed (1) Total d(2) Total e Number less the Caution: A Under pens SB or Sche belief, it is: SIGN HERE	REIN, and the plan number finsor's name number of participants at the number of participants at the per of participants with account ete this item) all number of active participants at number of active participants at number of active participants and 100% vested	beginning of the plan year end of the plan year end of the plan year In balances as of the end ents at the beginning of the plan ted employment during the plan ted employment during the plan ted employment during the plan ted by an enrolled actuar estrator.	of the plan year (defined be plan year	enefit plans do not enefits that were ded unless reasonable car recreasion of this return/recreasion of this return/recreasion of this return/recreasion of this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if applicate, and to the best of my dual signing as plan additional and additional additi	37 34 37 34 0 cable, a Schedule y knowledge and
name a Sport 5a Total of b Total of c Number completed (1) Total of d(2) Total of e Number less the Caution: A Under penson of SB or Schelelief, it is SIGN HERE SIGN	REIN, and the plan number finsor's name number of participants at the number of participants at the number of participants with account ete this item)	beginning of the plan year end of the plan year end of the plan year In balances as of the end end ents at the beginning of the plan ted employment during the end end end end end end end end end en	of the plan year (defined be plan year	enefit plans do not enefits that were de unless reasonable car de examined this return/report ersion of this return/report Bruce Carlson Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if applicate, and to the best of my dual signing as plan adding	37 34 37 34 0 cable, a Schedule y knowledge and
name a Spor 5a Total of b Total of c Number completed d(1) Total d(2) Total e Number less th Caution: A Under pens SB or Schel belief, it is SIGN HERE	REIN, and the plan number finsor's name number of participants at the number of participants at the number of participants with account ete this item)	beginning of the plan year end of the plan year end of the plan year In balances as of the end end ents at the beginning of the plan ted employment during the complete filing of this returnal ted employment in the instance by an enrolled actuar entropy and sponsor	of the plan year (defined be plan year	enefit plans do not enefits that were de unless reasonable car rersion of this return/report Bruce Carlson Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e ause is established. eport, including, if applicate, and to the best of my dual signing as plan additional and additional additi	37 34 37 34 0 cable, a Schedule y knowledge and ministrator

-			-	
72	a	e	2	

gene		0-	001	
Form	1) I I I	-5-	7/17/2	1

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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public accountans.)	nt (IQ	PA) Form	5500.	Yes No
		isurance prog	gram (see ERISA section 40	121)!		Tes _	140 140t determined
Pai	t III Financial Information		(-) Dii(V		_		(h) Fad of Voor
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Total plan assets	7a	2,785	, 28	/		3,021,544
	Total plan liabilities	7b	2 705	- 00	7		2 021 544
_	Net plan assets (subtract line 7b from line 7a)	7c	2,785	, 28	+	_	3, 021, 544
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		110		(b) Total
а	(1) Employers	8a(1)	74	1,57	5	San a	
	(2) Participants	8a(2)	46	5,39	0	To u	
	(3) Others (including rollovers)	8a(3)		93	4		
b	Other income (loss)	8b	248	3,08	9		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					369,988
d	Benefits paid (including direct rollovers and insurance premiums	//2/ 36					
	to provide benefits)	8d		7,04			
	Certain deemed and/or corrective distributions (see instructions)	8e		0,01			
f	Administrative service providers (salaries, fees, commissions)	8f	21	1,66	6		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	+		133,73
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i		_	-		236,25
J	Transfers to (from) the plan (see instructions)	8j					
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	tion Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
С				10c	Х	\perp	300,00
d	or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	i.)	10g	Х		88,22
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruct	ions and 29 CFR	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required n 1-3	notice or one of the	10i		17.	
Pari 11	tVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)					ule SB (F	Form Yes No
118	Enter the unpaid minimum required contribution for current year for	rom Schedule	e SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	requirement	s of section 412 of the Code			302 of EF	RISA? Yes X No
	If a waiver of the minimum funding standard for a prior year is bei	, an applicab		- 61		nter the	deteration latter militar

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip	to line 1	3.					
b Enter the minimum required contribution for this plan year					12b				
					12c		·		
C Enter the amount contributed by the employer to the plan for this plan y					120	-			
d Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)				ntora	12d				
e Will the minimum funding amount reported on line 12d be met by the fu	nding 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 emplo	yer this year				13a				
b Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?					control			Yes	No №
c If during this plan year, any assets or liabilities were transferred from th which assets or liabilities were transferred. (See instructions.)	s plan to another p	lan(s), identify	the plan(s)) to				
13c(1) Name of plan(s):					13c(2) [IN(s)		13c(3)	PN(s)
Part VIII Trust Information (optional)							•		
14a Name of trust					14b	Trust's El	N		