Form 55		Short Form Annua	l Return/Report Benefit Plan	t of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
Department of the Internal Revenue		This form is required to be filed u	4065 of the Employee Retire	ement	2015			
Department Employee Benefits Sect	urity Administration	Income Security Act of 1974 (E	57(b) and 6058(a) of the Inte e).	ernal		orm is Open to ic Inspection		
Complete all entries in accordance with the instructions to the Form 5500-SF.								
		dentification Information al plan year beginning 05/01/201	15	and ending 04/30	0/2016			
A This return/repo	>	a single-employer plan a one-participant plan	a multiple-employer p	olan (not multiemployer) (Fi nployer information in accor	ilers cheo	-		
B This return/repo		the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)						
C Check box if fili	ng under:	Form 5558	automatic extension			DFVC progr	am	
		special extension (enter descript	,					
	c Plan Inforr	mation—enter all requested infor	mation			T		
1a Name of plan ROY N. CARLSON,	INC. 401(K) PR	OFIT SHARING PLAN		1	b Thre plan (PN)	number	002	
				1	. ,	tive date of	plan I/1991	
Mailing addres	s (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. E			2 b Emp (EIN)	-	cation Number 335440	
ROY N. CARLSON,		country, and ZIP or foreign postal	code (il foreign, see inst	2 ructions)	c Spor	oonsor's telephone number 360-629-4542		
				2	2d Business code (see instructions)			
PO BOX 725 STANWOOD, WA 98292-0725					484110			
3a Plan administrator's name and address Same as Plan Sponsor.			3	3b Administrator's EIN				
4 If the name an	d/or FIN of the r	plan sponsor has changed since the	a loot seture (so port filed				elephone number	
	nd the plan numb	per from the last return/report.	e last return/report liled l		b EIN			
··		t the beginning of the plan year			5a		41	
-		t the end of the plan year			5b		34	
	•	count balances as of the end of the			5c		32	
d(1) Total numb	er of active partion	cipants at the beginning of the plan	year		5d(1)		37	
• •		cipants at the end of the plan year.			5d(2)		29	
than 100% ve	ested	rminated employment during the pl	•		5e		1	
		r incomplete filing of this return/r er penalties set forth in the instruction					able a Schodule	
	3 completed and	l signed by an enrolled actuary, as						
	ith authorized/va	alid electronic signature.	09/16/2016	BRUCE CARLSON				
HERE Signature of plan administrator Date Enter name of indivi				Enter name of individual	signing	as plan adm	iinistrator	
SIGN HERE								
Signa		er/plan sponsor me, if applicable) and address (incl	Date ude room or suite numb	Enter name of individual er)		as employer telephone		
For Paperwork Redu	uction Act Notice	and OMB Control Numbers, see the in	nstructions for Form 5500	-SF.			Form 5500-SF (2015)	

	 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 								
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar		(b) End of Year		
а	Total plan assets	. 7a		3021				2896321	
b									
С	Net plan assets (subtract line 7b from line 7a) 7c 3021544 2896321							2896321	
8	Income, Expenses, and Transfers for this Plan Year	1	(a) Amou	Int			(b) Total		
а	Contributions received or receivable from: (1) Employers	. 8a(1)			365				
	(2) Participants	. 8a(2)		50	395				
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b		-30	774				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						90986	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		194	612				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		21	597				
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					216209			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					-125223		
j	j Transfers to (from) the plan (see instructions)								
Pa	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instructions:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coc	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Notes of the plan and poly of the plan and po								
	Program)			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	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 by fraud or dishonesty?			10d		х			
e		her person ne or all of	s by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g	X			87907	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		Х			
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	he require	d notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					

Part	VI Pension Funding Compliance
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

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	(If "Yes," complete line 12a or lines 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										
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		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)										
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	Part VII Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b Trust's EIN						
14c Name of trustee or custodian 14						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method			ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF	Short Form Annu	ual Return/Repor Benefit Plan	t of Small Emplo	yee	•	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be fil		4065 of the Employee Re	tireme	ent	2015	
Department of Labor Employee Benefits Security Administration	057(b) and 6058(a) of the line).		This F	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in		tructions to the Form 550	00-SF			
Part I Annual Report	t Identification Information						
For calendar plan year 2015 or	-	05/01/2015	and ending		04/30/201		
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (mployer information in acc				
B This return/report is	the first return/report	the final return/report					
D mis returnineport is	an amended return/report		um/report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558	automatic extension			DFVC prog	Iram	
	special extension (enter des	cription)					
Part II Basic Plan Inf	formation—enter all requested in						
1a Name of plan	. 401(k) Profit Shar:				Three-digit plan number		
			-		(PN) Fifective date of	002	
					05/01/199	1	
Mailing address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)			Employer Ident (EIN) 91-08	ification Number 35440	
City or town, state or provin Roy N. Carlson, Inc	nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	structions)	2c	2c Sponsor's telephone numbe (360) 629-4542		
				2d Business code (see instructions)			
PO Box 725					484110		
Stanwood		Ŵ	A 98292-0725				
						telephone number	
	the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the	4b	EIN		
a Sponsor's name				4c	PN		
5a Total number of participan	ts at the beginning of the plan year			5a	a 🛛	4	
b Total number of participan	ts at the end of the plan year			5b	0	3	
c Number of participants wit	h account balances as of the end o	f the plan year (defined be	nefit plans do not	50	2	3	
· · · · · · · · · · · · · · · · · · ·	participants at the beginning of the			5d(1)	3	
d(2) Total number of active	participants at the end of the plan y	ear		5d(2)	2	
than 100% vested	at terminated employment during th			56			
Caution: A penalty for the lat	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	rn/report will be assesse uctions. I declare that I have	d unless reasonable cau re examined this return/rep	port, in	cluding, if appli	cable, a Schedule y knowledge and	
SIGN Byule	Oleulan	- OFJENT	Bruce Carlson				
HERE Signature of plan	administrator	Date	Enter name of individu	ual sig	ning as plan ad	ministrator	
SIGN HERE	1	Data	Enter name of individu	al cia		er or plan sponsor	
Signature of emp	bloyer/plan sponsor n name, if applicable) and address (Date (include room or suite num	Enter name of individu		arer's telephone		
E B A A A A A A A A A A A A A A A A A A	tice and OMB Control Numbers, see t	the instructions for Form FE	0.SE			Form 5500-SF (2015	

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independe	ent qualified public a	ccount	ant (IQ	PA)			Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							o 🗌 Not	determined
	t III Financial Information		,,						
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar	Τ	(b)	End of Ye	ear
	Total plan assets	7a		3,02		4	<u></u>		2,896,32
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c		3,02	1,544	4			2,896,32
-	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total	
	Contributions received or receivable from:		(4) - 400						
	(1) Employers	8a(1)			1,365	-		Carlo Re-	(
	(2) Participants	8a(2)		5	0,39	5	-	in the second	Collinson Print of
	(3) Others (including rollovers)	8a(3)		_	_			-	
b	Other income (loss)	8b		-3	0,774	4			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0018		-			90,98
	Benefits paid (including direct rollovers and insurance premiums			10	1 61				
	to provide benefits)	8d		19	4,612	2			
	Certain deemed and/or corrective distributions (see instructions)	8e		2	1,59	7			
f	Administrative service providers (salaries, fees, commissions)	8f		2.	1,39	/			
	Other expenses	8g		1.2006.22					216 20
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_		-	_		216,20
	Net income (loss) (subtract line 8h from line 8c)	8i	AND A LANG OF B			-			-125,22
j	Transfers to (from) the plan (see instructions)	8j				3.58	1		
B	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature codes	from the List of Pla	n Chara	acterist	ic Coo	des in the in	structions:	
				-	Yes	No	N/A	Am	ount
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fidu	uciary Correction	10a	100	x			ount
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
с	Was the plan covered by a fidelity bond?			10c	x				300,00
d		fidelity bond	, that was caused	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	her persons b ne or all of the	e benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the pla			10f		х			
g				10g	X				87,90
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			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	otice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes 🛛 No
11a	Enter the unpaid minimum required contribution for all years from	Schedule SE	3 (Form 5500) line 4	0			11a		

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

Yes X No

Form 5500-SF 2015 Page 3 -(If "Yes," complete line 12a or lines 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 Month granting the waiver. ... Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year 12c c Enter the amount contributed by the employer to the plan for this plan year 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 12d negative amount) Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII Plan Terminations and Transfers of Assets Yes X No 13a 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 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?. 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.) 13c(3) PN(s) 13c(1) Name of plan(s): 13c(2) EIN(s) Part VIII **Trust Information** 14b Trust's EIN 14a Name of trust 14d Trustee's or custodian's 14c Name of trustee or custodian telephone number Part IX **IRS Compliance Questions** Yes No 15a Is the plan a 401(k) plan? Design-ADP/ACP 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer based safe harbor test matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year Yes No testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .. Ratio Average percentage 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ... benefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining No Yes this plan with any other plans under the permissive aggregation rules?..... N/A Yes No 17a Has the plan been timely amended for all required tax law changes?..... (See instructions 17b Date the last plan amendment/restatement for the required tax law changes was adopted_ Enter the applicable code for tax law changes and codes) 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or and the letter's serial number advisory letter, enter the date of that favorable letter 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been 18 Yes No made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?... Yes No 19 Were in-service distributions made during the plan year?..... 19 If "Yes," enter amount..... 20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not No N/A Yes retired), as required under section 401(a)(9)?