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 section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1				
		lentification Information								
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010				
Α.	This return/report is for:	employer plan (not multiemployer)	one-participant plan							
В	Γhis return/report is for:	first return/report	final retur	n/report		_				
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
_		special extension (enter description	on)							
Do	rt II Pacia Plan Inform	nation—enter all requested inform	,							
		ination—enter all requested inform	ation		1h	Three-digit				
	Name of plan NETT IMPLEMENT CO., INC. R	RETIREMENT SAVINGS PLAN			ID	plan number				
						(PN) ▶ 003				
					1c	Effective date of plan				
						01/01/1991				
		ess (employer, if for single-employer	· plan)		2b	Employer Identification Number				
BARI	NETT IMPLEMENT CO., INC.				0 -	(EIN) 91-1657997				
P.O.	BOX 666				2c	Plan sponsor's telephone number 360-424-7995				
	NT VERNON, WA 98273				2d	Business code (see instructions)				
						453990				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
BARI	NETT IMPLEMENT CO., INC.	P.O. BOX 66 MOUNT VEI		98273	_	91-1657997				
			3c	Administrator's telephone number 360-424-7995						
4 1	the name and/or FIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b					
	•	r from the last return/report. Sponso		port mod for time plant, order the	70	LIIV				
					4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	80				
b	Total number of participants at	the end of the plan year			5b	81				
С	Total number of participants wi	ith account balances as of the end o	f the plan y	vear (defined benefit plans do not		70				
	complete this item)				5c	78				
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)		Yes No				
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No				
				ions.)SF and must instead use Form 55						
Pa	rt III Financial Informa		01111 3300-	or and must mistead use roim 55						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		. 7a	2912928	3	3110231				
b	. ota. pian acceto									
	•	7h from line 7a)		2912928	1	3110231				
<u>c</u>		7b from line 7a)	. 7с							
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei (1) Employers	vable from:	. 8a(1)	83665	5					
	, , , ,		` '	173885	85					
	` ')								
b	• • • • • • • • • • • • • • • • • • • •	8b 13789			397					
C	, ,	8a(2), 8a(3), and 8b)				451019				
d		rollovers and insurance premiums	60							
u			8d	249617						
е		tive distributions (see instructions)	. 8e							
f	Administrative service provider	rs (salaries, fees, commissions)	8f							
g	Other expenses		8g	4099						
h	·	8e, 8f, and 8g)				253716				
i		e 8h from line 8c)				197303				
i		ee instructions)								

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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:

2E 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:

D	ir tn	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	tic Co	des in	tne ins	tructions	5 :	
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	W	as the plan covered by a fidelity bond?	10c	Χ					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					54782
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101		l				
1	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
		00))							^ No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction (302 of	ERISA	۱?	Yes	^ No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			<u> </u>	
b	Ent	ter the minimum required contribution for this plan year		[12b				
С	Ent	ter the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)		[12d				
е	Wil	I the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co	ontrol			Yes	X No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ich assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
1	13c(1) Name of plan(s):					IN(s)		13c(3)	PN(s)
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	lished			
Во	r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retunded the completed and signed by an enrolled actuary, as well as the electronic version of this return strue, correct, and complete.				٠,	•		
SIGI	F	Filed with authorized/valid electronic signature. 07/18/2011 WILLIAM J. RINE	DAL						

SIGN	Filed with authorized/valid electronic signature.	07/18/2011	WILLIAM J. RINDAL
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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A This return/report is for:

B This return/report is for:

C Check box if filing under:

BARNETT IMPLEMENT CO., INC.

Plan Assets and Liabilities

MOUNT VERNON WA 98273

1a Name of plan

P.O. BOX 666

SAME

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2010 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the This Form is Open to Public Internal Revenue Code (the Code). Inspection **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending single-employer plan one-participant plan multiple-employer plan (not multiemployer) first return/report final return/report an amended return/report short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information Three-digit plan number BARNETT IMPLEMENT CO., INC. RETIREMENT SAVINGS PLAN 003 (PN) 🕨 1c Effective date of plan 01/01/1991 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 91-1657997 2c Plan sponsor's telephone number 360-424-7995 2d Business code (see instructions) 453990 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 91-1657997 3c Administrator's telephone number 360-424-7995 4 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 80 5a b Total number of participants at the end of the plan year..... 81 5_b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 78 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No b 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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information (a) Beginning of Year (b) End of Year 2912928 a Total plan assets..... 7a 3110231 b Total plan liabilities..... 7b 2912928 C Net plan assets (subtract line 7b from line 7a)..... 3110231 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 83665 (1) Employers 8a(1) 173885 (2) Participants 8a(2) 55572 (3) Others (including rollovers)..... 8a(3) 137897 b Other income (loss)..... 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 451019 Benefits paid (including direct rollovers and insurance premiums 249617 to provide benefits)..... 8d e Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)...... 8f 4099 g Other expenses.....

8h

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions).....

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1210-0089

253716

197303

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Form		

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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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:

Part	V Compliance Questions								-		_
10	During the plan year:					Yes	No	Δ,	nount		
а	Was there a failure to transmit to the plan any pa 29 CFR 2510.3-102? (See instructions and DO				10a		Х		nounc		
b	Were there any nonexempt transactions with an on line 10a.)	actions reported	10b		Х						
С	Was the plan covered by a fidelity bond?				10c	х				5000	າດດ
d	Did the plan have a loss, whether or not reimbur or dishonesty?	rsed by the plan's fide	elity bond, that was o	aused by fraud	10d		х				
е	Were any fees or commissions paid to any broke insurance service or other organization that provinstructions.)	10e		x							
f	Has the plan failed to provide any benefit when				10f		Х				
g	Did the plan have any participant loans? (If "Yes	s," enter amount as of	f year end.)	***************************************	10g	Х				547	782
h	If this is an individual account plan, was there a 2520.101-3.)				10h		х				
i	If 10h was answered "Yes," check the box if you exceptions to providing the notice applied under				10i						9 12
Part	VI Pension Funding Compliance				1					HARRAGE.	PRESID
11	Is this a defined benefit plan subject to minimum 5500))	n funding requirement	s? (If "Yes," see inst	tructions and con	nplete	Sched	lule SE	(Form	Yes	×	No
12	Is this a defined contribution plan subject to the								Yes		No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12			11-12-01-010-0000	3 01 30	CHOIT	502 01	LNIOM!	□ .03	ш	140
а	If a waiver of the minimum funding standard for granting the waiver.	a prior year is being a	amortized in this plar	n year, see instru Mor	ctions 1th	, and e	enter th	e date of the	letter ru	ling	
if :	you completed line 12a, complete lines 3, 9, ar										-
b	Enter the minimum required contribution for this	plan year				[12b				
	Enter the amount contributed by the employer to					L	12c				
	Subtract the amount in line 12c from the amount negative amount)	***************************************		-		5,0,00	12d				
е	Will the minimum funding amount reported on lin	ne 12d be met by the	funding deadline?			*******		Yes	No	N	I/A
Part	VII Plan Terminations and Transfe	ers of Assets	****								
13a	Has a resolution to terminate the plan been ado	pted during the plan	year or any prior yea	ır?		<u>.</u>			Yes	X	No
	If "Yes," enter the amount of any plan assets that						13a				
b	Were all the plan assets distributed to participar of the PBGC?	nts or beneficiaries, tr	ansferred to another	plan, or brought	under	the co	ontrol		Yes	×	No
	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See		this plan to another	plan(s), identify t	he pla	in(s) to)			10-0-0-2.	
	3c(1) Name of plan(s):					13	c(2) El	N(s)	13c(3) PN	(s)
	6							*			
Caut	ion: A penalty for the late or incomplete filing	of this return/repor	t will be assessed	unless reasonal	ole car	use is	estab	lished.			
SB o	er penalties of perjury and other penalties set forth r Schedule MB completed and signed by an enro f, it is true, correct, and complete.	h in the instructions, I olled actuary, as well	declare that I have as the electronic ver	examined this return	turn/re /repor	port, in t, and	ncludin to the l	g, if applicabl best of my kn	e, a Sch owledge	edul and	е
SIG	SIGN X William J. Kundal, 17-13-11 WILLIAM J. RINDAL										
HER			Date	Enter name of i	individ	ual sic	ning a	s plan admini	strator		
SIG	HARL									-	
HER			Date	Enter name of i	individ	ual sic	ınina ə	s employer o	nlan en	ODEC	
T	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										