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).

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

art I Annual Report Identification Information							
calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010			
This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
This return/report is for:							
an amended return/report	short plar	year return/report (less than 12 mo	nths)				
<u> </u>			,	DFVC program			
	1	Oxionolon					
	,						
	iation		1h	Three-digit			
			10	nlan number			
THE STATE OF LESS CONTROLLED TO THE STATE OF LAND				(PN) ▶ 001			
			1c	Effective date of plan			
				01/01/1974			
	r plan)		2b	Employer Identification Number 81-0340855			
RING SALES, INC.			20	(LIIV)			
EAGLE DRIVE			20	Plan sponsor's telephone number 509-765-1203			
SES LAKE, WA 98837			2d	Business code (see instructions)			
			L	453990			
Plan administrator's name and address (if same as Plan sponsor, e		·")	3b	Administrator's EIN 81-0340855			
		337	30	Administrator's telephone number			
				509-765-1203			
		port filed for this plan, enter the	4b	EIN			
name, EIN, and the plan number from the last return/report. Sponso	or's name		40	DNI			
Total number of posticionate at the beginning of the plan year							
				19			
···· · · · · · · · · · · · · · · · · ·			5b	18			
·			50	18			
·	complete this item).						
The visit all of the plane about during the plan year invested in original about. (See included in)							
Are you claiming a waiver of the annual examination and report of		` '		Yes No			
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	dent qualified public accountant (IC	PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and conditi	ident qualified public accountant (ICons.)	PA)				
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under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and conditi	dent qualified public accountant (ICons.)SF and must instead use Form 55	600.	X Yes No			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi form 5500-	dent qualified public accountant (ICons.)SF and must instead use Form 55	600.	X Yes No			
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	This return/report is for: This return/report is an amended return/report is form is peculiar in the second in th	This return/report is for: first return/report final return final return	This return/report is for: first return/report final return/report final return/report short plan year return/report (less than 12 mc short plan year return/report short plan year return/report short plan year return/report short plan year return/report short plan year return/report (less than 12 mc short plan year return/report plan short plan year return/report plan short plan year year return/report plan year short plan year (defined benefit plans do not the plan year (def	This return/report is for: first return/report final return/report final return/report final return/report final return/report short plan year return/report (less than 12 months) And the plan sponsor is name and address (if same as Plan sponsor, enter "Same") Same and the plan number from the last return/report. Sponsor's name Act of the plan year mane and the plan sponsor has changed since the last return/report filed for this plan, enter the plan year mane of participants at the end of the plan year			

Form 5500-SF 2010 Page 2- 1

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Part IV	Dian	('harac	tarietice
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Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 (11)	s plant provides wellare benefits, enter the applicable wellare heat	ure codes from the	List of Flatt Chara	Cleris	iic Cot	ues III	uic ilisuut	Juoris.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amoun	t
а	a Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				300000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X			
e 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.)										
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	f year end.)		10g		X			
_	If th	is is an individual account plan, was there a blackout period? (Se 0.101-3.)	e instructions and 2	9 CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirement 0))	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Ye	es No
12	ls t	nis a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es 📉 No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		waiver of the minimum funding standard for a prior year is being a nting the waiver								
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal	
	126									
		er the amount contributed by the employer to the plan for this plan				1	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d			
е	<u> </u>						N/A			
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					☐ Ye	es X No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a			
	We	e all the plan assets distributed to participants or beneficiaries, transperse PBGC?					ontrol	•	Y6	es X No
		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1			
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed (unless reasonab	le cau	ıse is	establ	ished.	ı	
Under SB or	per Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	oort, in	cludin	g, if applic		
SIGN		iled with authorized/valid electronic signature.	09/16/2011	KRAIG JORGEN	SEN					
HERE	_	Signature of plan administrator	Date	Enter name of in	ndividi	ual sig	ning as	s plan adr	ninistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110

1210-0089

			ions 104 and 4065 of the Employe			010	
E	,	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). This Form is Open to					
	Describe Brooks Comments Comments		pection				
D	art I Annual Report Identification Information	dance with 1	the instructions to the Form 550	0-SF.			
		01/01/20	010 and ending		12/31/2010		
Δ	This return/report is for: X single-employer plan		ployer plan (not multiemployer)		one-participal		
_		final return/			one-participal	пры	
D			•	4 \		-	
_	an amended return/report		rear return/report (less than 12 mo	ntns)	П		
C	Check box if filing under: X Form 5558	automatic e	extension		☐ DFVC progra	m	
	special extension (enter description		****				
	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan	.7		1b	Three-digit		
	Bearing Sales Employees Profit Sharing F	lan			plan number (PN)	001	
				1c	Effective date of		
	•				01/01/1974		
2a	Plan sponsor's name and address (employer, if for single-employer Bearing Sales, Inc.	plan)		2b	Employer Identif		
	6589 Eagle Drive			2c	Plan sponsor's te	elephone number	
	_			2d	509-765-12 Business code (s		
3a	Moses Lake WA 98837 Plan administrator's name and address (if same as Plan sponsor, e.	nter "Same"\		3h	453990 Administrator's E	ini	
	Bearing Sales, Inc.	,			81-0340855	5	
	6589 Eagle Drive Moses Lake WA 98837			36	509-765-12	elephone number 203	
	f the name and/or EIN of the plan sponsor has changed since the last		ort filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponso	rs name		4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	T	19	
	Total number of participants at the end of the plan year			5b		18	
	Total number of participants with account balances as of the end of			อม			
	complete this item)	yez	deinied benefit plans do not	5c		18	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets? (S	ee instructions.)			X Yes No	
	Are you claiming a waiver of the annual examination and report of a	an independe	ent qualified public accountant (IQ	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No	
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-SF	and must instead use Form 55	00.			
<u></u> 7	Plan Assets and Liabilities		(a) Danisaina af V		/L\ P1	-634	
, ,	Total plan assets	7-	(a) Beginning of Year 189010	7	(b) End		
b	Total plan liabilities	7a 7b	109010	_		1351195	
C	Net plan assets (subtract line 7b from line 7a)		189010	7		1251105	
8	Income, Expenses, and Transfers for this Plan Year	7c				1351195	
a	Contributions received or receivable from:		(a) Amount		(b) T	otal	
_	(1) Employers	8a(1)	4000	0			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)						
b	Other income (loss)	8b	13814	5			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				178145	
d	Benefits paid (including direct rollovers and insurance premiums		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
	to provide benefits)	8d	71705	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e		_			
f	Administrative service providers (salaries, fees, commissions)	8f		4			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				717051	
į	Net income (loss) (subtract line 8h from line 8c)	8i				-538906	
J	Transfers to (from) the plan (see instructions)	Ri					

	. ·									
<u>. </u>	F	Form 5500-SF 2010 Page 2-								
Par		Plan Characteristics								
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 3D	racteris	stic Co	des in	the instru	ctions:			
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	he instru	ctions:			
Part	: V	Compliance Questions					,			_
10	Duri	ng the plan year:		Yes	No		Amo	unt		
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х					
С	Wa	s the plan covered by a fidelity bond?	10c	Х				3 (000	0 0
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			_		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					_
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х					
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11	ls th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	ule SB	(Form	П	Yes	<u></u> П м	Vo
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X N	No
а	lfav	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruting the waiver.	ictions, nth	and e	nter th Day	e date of	the lett Year	er ruli	ng 	
lf y	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_		T				_
b	Ente	r the minimum required contribution for this plan year			12b					
		r the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef tive amount)			12d					
е	Will	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A	Α
art	VII	Plan Terminations and Transfers of Assets								

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 of the PBGC?					
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify the plan(s) t	0			
13c(1) Name of plan(s):	1:	3c(2) EIN(s)	13c(3) PN(s)		

Yes X

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

Under penalties of perfury-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.

belief, it i	s true, correct, and/complete.	/ /	
SIGN	My Haran	Un 9/15/2011	Kraig Jorgensen
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
	1		