## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation  Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011			
	This return/report is for:    A single-employer plan		-employer plan (not multiemployer)		a one-particip	oant plan		
Ь	This return/report is:		eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	<del>_</del>			
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter descriptio	n)						
Pa	irt II Basic Plan Information—enter all requested informa	ation						
	Name of plan			1b	Three-digit			
	RING SALES EMPLOYEES PROFIT SHARING PLAN				plan number			
					(PN) <b>▶</b>	001		
				1c	Effective date of			
					01/01/	/1974		
	Plan sponsor's name and address; include room or suite number (er RING SALES, INC.	mployer, if	for a single-employer plan)		Employer Identif (EIN) 81-03			
				2c	Sponsor's telep	hone number	_	
6589	EAGLE DRIVE				509-765			
	ES LAKE, WA 98837			2d	Business code (	see instructions	;)	
					45399			
	Plan administrator's name and address (if same as plan sponsor, er		3")	3b	Administrator's E			
BEAR	RING SALES, INC. 6589 EAGLE MOSES LAKE		37			40855		
	WOOLS LAND	_, WA 300		3c	Administrator's t 509-765		er	
4	If the name and/or EIN of the plan sponsor has changed since the la	act return/	report filed for this plan, enter the	4b		7-1203	_	
7	name, EIN, and the plan number from the last return/report.	asi return/	report filed for this plant, enter the	40	EIIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year			5b				
С	Number of participants with account balances as of the end of the p		<b> </b>					
	complete this item)	,	·	5c			1	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No	
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IQF	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No	
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End			
а	Total plan assets	. 7a	1351195			1390738		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1351195			1390738		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:	- 40	50000					
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)		_				
	(3) Others (including rollovers)	8a(3)		_				
b	Other income (loss)	8b	17668					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				67668		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	19803					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	8322					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				28125		
;						39543		
;	Net income (loss) (subtract line 8h from line 8c)					00070		
j	Transfers to (from) the plan (see instructions)	8j						

_				
Form	EENN	CE	2011	

Page 2 -	1		
----------	---	--	--

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

) a	During the plan year:		Yes	No		Δn	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		All	iount .	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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.)	10e		X				
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 year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance				•			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	☐ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Mont							
lf١				Day		Ye		
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		'	Ye		
b	Enter the minimum required contribution for this plan year		[	12b	'	Ye		
b c	Enter the minimum required contribution for this plan year  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	of a	[			Ye		
b c d	Enter the minimum required contribution for this plan year  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)	of a		12b 12c 12d			No [	1 N/A
b c d	Enter the minimum required contribution for this plan year  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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a		12b 12c 12d	Ye		No [	N/A
b c d	Enter the minimum required contribution for this plan year  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 onegative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d	Ye	s 📗	No [	] N/A
b c d	Enter the minimum required contribution for this plan year  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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	Ye		No [	] N/A
b c d e art 3a	Enter the minimum required contribution for this plan year	of a		12b 12c 12d	Ye	s No	·	
b c d e art 3a	Enter the minimum required contribution for this plan year	of a		12b 12c 12d	Ye	s No	No [	
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	Ba	12b 12c 12d	Ye	s No	·	× No
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	Ba	12b 12c 12d	Yes >	s No	Yes	× No

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/14/2012	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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 12/31/2011 and ending a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan 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 C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Bearing Sales Employees Profit Sharing Plan plan number 001 (PN) > 1c Effective date of plan 01/01/1974 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Bearing Sales, Inc. (EIN) 81-0340855 6589 Eagle Drive 2c Sponsor's telephone number 509-765-1203 Moses Lake WA 98837 2d Business code (see instructions) 453990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN Bearing Sales, I 6589 Eagle Drive Inc. 81-0340855 3c Administrator's telephone number Moses Lake 98837 509-765-1203 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 5a Total number of participants at the beginning of the plan year..... 19 5a b Total number of participants at the end of the plan year..... 5b 18 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 18 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No 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.).... Yes 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets..... 1351195 7a 1390738 Total plan liabilities..... 7b C Net plan assets (subtract line 7b from line 7a)..... 7с 1351195 1390738 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 50000 (1) Employers ..... 8a(1) (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) Other income (loss)..... 8b 17668 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ...... 8c 67668 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 19803 84 Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8322 g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 28125 Net income (loss) (subtract line 8h from line 8c)..... 8i 39543 Transfers to (from) the plan (see instructions) .....

Form	5500	LSF.	201	1

Page	2	_	
Page	Z	-	

n-		<b>`</b>	DI-	- OL		
ra	п	v	i Pia	ın c.n	агасти	eristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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		Am	ount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	ciary Correction Prog	ram)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	sactions reported	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				3	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond, that was	caused by fraud	10d		х				
е	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		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10a		Х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and 2	29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required notice or o	ne of the	10i			90 H.F. 878.,			
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	nts? (If "Yes," see in:	structions and com	plete	Sched	lule SE	3 (Form		Yes	No
12	Is this a defined contribution plan subject to the minimum funding r								Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica									
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized in this pla	an year, see instruc	tions,	and e	enter th	ne date of	the le	tter rul	ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule			···		Day		160		
b	Enter the minimum required contribution for this plan year	•••••	•••••		Г	12b				
	Enter the amount contributed by the employer to the plan for this pla				_	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the substract the amount in line 12b.	he result (enter a mir	nus sign to the left of	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?	•••••				Yes	П	No [	N/A
Part	/II Plan Terminations and Transfers of Assets						······			<del></del>
13a	Has a resolution to terminate the plan been adopted in any plan year?						res X i	No		
	If "Yes," enter the amount of any plan assets that reverted to the en					<u> </u>				
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to anothe	r plan, or brought u	ınder	the co	ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred fror which assets or liabilities were transferred. (See instructions.)	m this plan to anothe	r plan(s), identify th	e plar	n(s) to				•	
1	c(1) Name of plan(s):				130	c(2) El	N(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonabl	e cau	se is	establ	lished.			
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete	I declare that I have as the electronic ver	examined this return/r	rn/rep eport	ort, in , and t	cluding to the l	g, if applic best of my	able, know	a Sche rledge	edule and
SIGN	/ / May Jaymon	3/6/12	Kraig Jorge	ense	n					
HERI		Date /	Enter name of in			ning as	s plan adn	ninistr	ator	
SIGN HERI		Date	Enter name of in	divid	ıal ein	ning as	s employe	r or o	an enc	nsor
<u> </u>	w y p spanou,	1	or name of in	411141	3191	9 0	- chipioye	. UI PI	un opt	11301