### 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

	Complete all entries in according to the complete all entries are according to the com	dance wit	h the instructions to the Form 5500	O-SF.			
Pa	art I Annual Report Identification Information						
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 10/31/2011						
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
			eturn/report			•	
-							
			an year return/report (less than 12 mo	ontns)			
С	Check box if filing under:	automatio	extension		DFVC progra	m	
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			1b	Three-digit		
SALE	M EQUIPMENT, INC. 401(K) SAVINGS AND PROFIT SHARING PI	LAN			plan number		
					(PN) <b>▶</b>	001	
				1c	Effective date of		
					10/01/		
	Plan sponsor's name and address; include room or suite number (elem EQUIPMENT INC.	mployer, if	for a single-employer plan)	2b	Employer Identif		er
OALI	EW EQUIT MENT INO.			_	(EIN) 93-04		
				2c	Sponsor's teleph 360-750		•
	W. FIRESTONE LANE		•	24			
VAN	COUVER, WA 98660			<b>2</b> a	Business code (		ns)
	Discontinuity of the second se		"	26			
	Plan administrator's name and address (if same as plan sponsor, er MEQUIPMENT INC. 2525 W. FIRE			30	Administrator's E		
0, 122	VANCOUVER			3c	Administrator's t		mber
				,	360-750		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast 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			5a			49
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	olan year (	defined benefit plans do not				
	complete this item)			5c			
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					Voo [	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•			X Yes	INO
Pa	irt III Financial Information	01111 3300-	or and must mistead use rorm 550	<i>.</i>			
			()5		4) = 1	• • • • • • • • • • • • • • • • • • • •	
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End		0
а	Total plan assets	. 7a	1304303				0
b	Total plan liabilities		100 1000				0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с	1304363				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:	0 (1)					
	(1) Employers	8a(1)					
	(2) Participants	. 8a(2)					
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b	-131327				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-13132	7
d	Benefits paid (including direct rollovers and insurance premiums		196310				
	to provide benefits)	. 8d	130310				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	-105				
f	Administrative service providers (salaries, fees, commissions)	. 8f	54651				
g	Other expenses	. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				25096	1
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-38228	8
j	Transfers to (from) the plan (see instructions)	- 8j	-922075				
		_ ~j					

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Form	5500	-8-	ンロココ

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Part IV	Plan	Characteristics
Parriv	Pian	Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2H 2J 2T
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	Compliance Questions						
10	During the plan year:		Yes	No	A	Mount	
а	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		Χ			
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				130000
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						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				•	Yes	X No
12	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.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc						
lf v	granting the waiverMont you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	tn		Day .		ear	
	Enter the minimum required contribution for this plan year		Г	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of			12d			
	negative amount)					<del></del>	_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	'es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3)	PN(s)
NEL	LONS, INC. PROFIT SHARING PLAN	9	3-054	7956		001	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establ	ished.	<u> </u>	
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					le, a Sch	edule

Under penalties of perjury 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.

SIGN	Filed with authorized/valid electronic signature.	05/21/2012	PAUL PARSONS
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

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Department of the Treasury Internal Revenue Service

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# Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2011

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		ance With	the instructions to the Form 5500	, ar.			
P	art I Annual Report Identification Information	1/01/20	)11 and ending		10/31/2011		
				Г	-		
A	This fetolimeport is lot.	•	employer plan (not multiemployer)	L	a one-participant plan		
В	illo lotarintobote io:		etum/report				
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	7		
C	Check box if filing under: X Form 5558	automatic	extension	L	DFVC program		
	special extension (enter description	n)					
Pa	irt II   Basic Plan Information—enter all requested informa	tion					
1a	Name of plan				Three-digit		
	Salem Equipment, Inc. 401(k)		:	٠ '	plan number (PN) > 001		
	Savings and Profit Sharing Plan				Effective date of plan		
					10/01/2002		
2a	Plan sponsor's name and address; include room or suite number (er	nployer, if	for a single-employer plan)		Employer Identification Number		
	Salem Equipment Inc.				EIN) 93-0452116		
					Sponsor's telephone number		
	2525 W. Firestone Lane				(360) 750-3520		
	2323 W. Filestone Dane		ma 00000		Business code (see instructions) 333200		
0-	Vancouver	loc <sup>B</sup> Cama	WA 98660		Administrator's EIN		
sa	Plan administrator's name and address (if same as plan sponsor, en Same	tei Game	,	0	torran ottor o en		
				3c /	Administrator's telephone number		
				45.	P-54.3		
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ist return/r	eport filed for this plan, enter the	4b EIN			
а	Sponsor's name			4c PN			
	Total number of participants at the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a	49		
b	Total number of participants at the end of the plan year			5b	0		
	Number of participants with account balances as of the end of the p			<u> </u>			
	complete this item)		***************************************	5c	0		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes ∐ No		
b	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	in indepen	dent qualified public accountant (IQI	PA)	X Yes ∏ No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
	Total plan assets	7a	1,304,36	3	0		
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7€	1,304,36	3	0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
a	Contributions received or receivable from:						
	(1) Employers	8a(1)		{			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	1131 301				
b	Other income (loss)	8b	(131,327	)	(121 227)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8ε		+	(131, 327)		
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d	196,31	.0			
e	Certain deemed and/or corrective distributions (see instructions)	8e		1			
f	Administrative service providers (salaries, fees, commissions)	8f	- 54,65	1			
g	Other expenses	8g		0			
ย h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			250,961		
11	Net Income (loss) (subtract line 8h from line 8c)	81		]	(382,288)		
1	Transform to (from) the plan (see instructions)	01	(922.075				

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 2F 2H 2J 2T							
b i	f the plan provides welfare benefits, enter the applicable welfare featu	ure codes from the L	ist of Plan Characteri	stic Co	des in ti	he instructio	ns:	
Part	V Compilance Questions							
	During the plan year:			Yes	No	A	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	ım) 10	а	Х			
	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			ь	х			
C	Was the plan covered by a fidelity bond?		10	c X			130,00	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			d	х			
	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of thinstructions.)	ne benefits under the	plan? (See	0	х			
f	Has the plan failed to provide any benefit when due under the plan?	.,	10	f	х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)	10	9	Х			
	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29	9 CFR	h	Х			
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the					
Part '			<del></del>					
11	Is this a defined benefit plan subject to minimum funding requirement	s? (If 'Yes," see inst	ructions and complet	e Sched	dule SB	(Form	Yes X N	o
12	Is this a defined contribution plan subject to the minimum funding rec						Yes X N	o
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)						
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this plar	Month _	s, and	enter th Day	e date of the	ear	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M			г	451			
	Enter the minimum required contribution for this plan year				12b			
C	Enter the amount contributed by the employer to the plan for this plan	ı year	***************************		12¢			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	***************************************	***************************************	L	12d		T 🗖	
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	No N/A	<u>i</u>
Part \					· 1			
	Has a resolution to terminate the plan been adopted in any plan year?				ΧY	es No		
	If "Yes," enter the amount of any plan assets that reverted to the emp							0
	Were all the plan assets distributed to participants or beneficiaries, tre						X Yes N	0
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), Identify the p	lan(s) to	)			
13	(1) Name of plan(s):			13	c(2) Eli	N(s)	13c(3) PN(s)	<u>}</u>
Well	Wellons, Inc. Profit Sharing Plan 93-0547956 001							
		t will be seened to	inlese reasonable e				001	
Under SB or	on: A penalty for the late or incomplete filing of this return/report penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have o	examined this return/i	eport, li	ncluding	a, if applicab	le, a Schedule nowledge and	_
	1/3 1/3	5/0:/2012	Paul Parsons					٦
SIGN		Date	Enter name of Indiv	dual sin	nino as	olan admini	strator	ᅦ
					,	1		
SIGN	1	Date	Enter name of indiv	duat sid	ening as	emplover o	r plan sponsor	$\dashv$

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Form 5500-SF 2011

### Continuation of 2011 Form 5500 Form 5500-SF, line 13c - Additional Plans

Plan Name	EIN: _ PN:				
Plan Sponsor's Name					
13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) PN(s)			
•					
·					
		,			
***************************************					
	,				