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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	1,000
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 10/01/201	10	and ending 0	9/30/2	2011
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This 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)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter descripti	on)			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation			
1a	Name of plan	•			1b	Three-digit
B.B.8	S. TREATED LUMBER OF NE	PROFIT SHARING & 401K PLAN	AND TRUS	Т		plan number 001
					10	(PN)
					10	Effective date of plan 04/01/1993
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number
	S. ACQUISITION CORP.				0-	(EIN) 05-0472078
P.O.	S. TREATED LUMBER OF NE BOX 982				2C	Plan sponsor's telephone number 401-295-3200
NOR	TH KINGSTOWN, RI 02852-06	512			2d	Business code (see instructions)
22	Dian administrator's name and	address (if same as Dian ananos s	ntor "Com	2"\	2h	423300 Administrator's EIN
B.B.	& S. ACQUISITION CORP.	address (if same as Plan sponsor, e P.O. BOX 98	32		30	05-0472078
В.В.	S. TREATED LUMBER OF NE	E NORTH KIN	GSTOWN,	RI 02852-0612	3с	Administrator's telephone number 401-295-3200
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	
	•	er from the last return/report. Sponse		1 /		
52	Total number of participants of	t the hearinging of the plan year			4c 5a	PN 68
	b Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year					66
C		rith account balances as of the end c			5b	00
					5c	42
				(See instructions.)		Yes No
b				ndent qualified public accountant (IQI ions.)		X Yes ☐ No
				SF and must instead use Form 55		
Pa	rt III Financial Inform		0	or and made motoda add r orm od		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
-	Total plan assets		7a	3476127	7	3344099
b	Total plan liabilities					
С	•	7b from line 7a)		3476127	7	3344099
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received			33893	3	
	• • • • • • • • • • • • • • • • • • • •		- ` '	146962	_	
	• • •			140002	_	
h	, ,	5)	` '	-117850)	
b	,			117000	,	63005
C C		8a(2), 8a(3), and 8b)	8c			00000
d		rollovers and insurance premiums	8d	194777	7	
е	Certain deemed and/or correct	tive distributions (see instructions)	8e			
f	Administrative service provide	rs (salaries, fees, commissions)	8f	256	5	
g	Other expenses		8g			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h			195033
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			-132028
j		ee instructions)				

	F	Form 5500-SF 2010 Page 2-						
ar	t IV	Plan Characteristics						
		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2F 2G 2J 2K	racteris	stic Co	des in	the instruc	ctions:	
		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	he instruc	tions:	
art	V	Compliance Questions						
)	Duri	ing the plan year:		Yes	No		Amount	
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		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				250000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X			
е	insu	re 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 ructions.)	10e	X				11028
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				24789
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		Oh 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					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 0))					Ye	s No
2	ls th	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of E	ERISA?	Ye	s X No
	(If "Y	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrunting the waiver	ictions nth	, and e	nter th Day ₋	e date of t	he letter r Year	uling
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_	1			
b	Ente	er the minimum required contribution for this plan year		⊢	12b			
_		er the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A

Part VII **Plan Terminations and Transfers of Assets**

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

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(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

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

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.	07/06/2012	PAUL SCHOLTES
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

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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Information						
Fo	or calendar plan year 2010 or fiscal plan year beginning	10/01	/2010	and ending		09/30/2011	
Α	This return/report is for:	multiple	-employer plan	(not multiemployer)		ne-participa	int plan
В	This return/report is for: first return/report	final ret	urn/report			_	
	an amended return/report	short pla	an year return/re	port (less than 12 mo	nths)		
С	Check box if filing under:] automa	tic extension		,	☐ DFVC progra	ım
_	special extension (enter description)	_				☐ or vo progra	
F	Part II Basic Plan Information—enter all requested inform						
	Name of plan	пацоп			1h	Three-digit	**************************************
	B.B.&S. TREATED LUMBER OF NE PROFIT SHA	RING &	401K PLAI	N AND TRUST	''	plan number	
						(PN) •	001
					1c	Effective date of	
			***			04/01/1993	
Zć	Plan sponsor's name and address (employer, if for single-employe B.B. & S. ACQUISITION CORP.	r plan)			20	Employer Identification (EIN) 05-047	
	B.B.&S. TREATED LUMBER OF NE				2c		elephone number
	P.O. BOX 982					401-295-32	
	NORTH KINGSTOWN RI 02852-0612				2d	Business code (see instructions)
32		ontor "Con	20")		2h	423300 Administrator's E	* I N I
00	Plan administrator's name and address (if same as Plan sponsor, & B.B. & S. ACQUISITION CORP.	enter San	ie)		SD	05-0472078	
	B.B.&S. TREATED LUMBER OF NE P.O. BOX 982				3с	Administrator's to	elephone number
_	NORTH KINGSTOWN RI 02852-061					401-295-32	200
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponsor		eport filed for th	is plan, enter the	4b	EIN	
	manie, Ent, and the plan namber from the last retaining of the opposit	JI 3 Hallie			4c	PN	
5a	Total number of participants at the beginning of the plan year				5a		68
b	Total number of participants at the end of the plan year			L	5b	1	66
С	Total number of participants with account balances as of the end o	f the plan	year (defined be	nefit plans do not			
	complete this item)				5c		42
	Were all of the plan's assets during the plan year invested in eligib					•••••	X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified p	oublic accountant (IQP	PA)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500	-SF and must i	stead use Form 550	n		M les [] No
Pa	rt III Financial Information						
7	Plan Assets and Liabilities	The visit of	(a) Be	ginning of Year		(b) End o	of Year
а	Total plan assets	7a		3476127	7		3344099
b	Total plan liabilities	7b			1		
С	Net plan assets (subtract line 7b from line 7a)	7c		3476127	,		3344099
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	ital
а	Contributions received or receivable from:				100		
	(1) Employers	8a(1)		33893	- 1 : ' '		
	(2) Participants	8a(2)		146962	4		
b	(3) Others (including rollovers)	8a(3)					
D	Other income (loss)	8b		-117850			
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		63005
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		194777	,		
е	Certain deemed and/or corrective distributions (see instructions)	8e			1		
f	Administrative service providers (salaries, fees, commissions)	8f		256	1		
g	Other expenses	8g			1		
	· · · · · · · · · · · · · · · · · · ·		- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		195033
h i	Net income (loss) (subtract line 8h from line 8c)	8h 8i					195033 -132028

1	For	m	55	กก	.81	F 2	Λ 1	ľ
	г сл	111		w	~. 7		111	и.

Page	2-	Γ

Part I\	/	Plan	Charact	teristics

- 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 2G 2J 2K
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part								
10	During the plan year:		Yes	No		Amount	:	
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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	х				25000	
d								
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.)	х		1102				
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				2478	
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
Part \								
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete S	Sched	ule SE	(Form	☐ Yes	. П No	
If you	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	th		nter th Day 12b 12c	e date of th	ne letter ru Year	uling	
d s	subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)	of a		12d				
	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
art V								
3a ⊦	as a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Yes	X No	
If	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
C	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u f the PBGC?during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the			itrol 		Yes	X No	
V	hich assets or liabilities were transferred. (See instructions.)	e piani	(s) to			T		
130	(1) Name of plan(s):	13c(2) EIN(s) 13c			13c(3)	PN(s)		
aution	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	caus	e is e	stablis	hed.			
nder p B or S	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	n/ropo	rt incl	udina	if appliant	le, a Sche nowledge	edule and	
SIGN	(1) dW. Utto 7/5/12 PAUL SCHOLT.	ES						
IERE	Signature of plan administrator Date Enter name of ind		l ciani	20.20	nlan odmi-	ictrator		
SIGN	1 d W. Litte 7/5/12 PAUL SCHOLT:		ı sıynıl	ıy as	nan admin	istrator		
ERE	Signature of employer/plan sponsor Date Enter name of ind	ndividual signing as employer or plan sponsor				nsor		
	Uate Entername of ind	ıvıdual	ı signir	ng as e	employer o	r plan spo	nsor	