## 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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 550	0-SF.		<b>,</b>
Part I		Identification Information					
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descri	ption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name		•			1b	Three-digit	
BEARING SA	ALES EMPLOYEES P	ROFIT SHARING PLAN				plan number	
						(PN) <b>•</b>	001
					1C	Effective date o	•
22 Dian o	nanaaria nama and ad	draga, in aluda ragas ar quita numba	r (ampleyer if for a single	a ampleyer plan)	26	01/01	
BEARING S		dress; include room or suite numbe	r (employer, ii for a single	e-employer plan)	20	Employer Identification (EIN) 81-03	40855
					20	Sponsor's telep	
6589 EAGLE	= DRIVE				20	509-76	
	KE, WA 98837				2d	Business code (	see instructions)
						45399	•
3a Plan a	dministrator's name an	d address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	
EARING SAI	LES, INC.	6589 EAGL					40855
		MOSES LA	KE, WA 98837		3C	Administrator's t	elephone number
						303-700	7-1200
4 If the r	name and/or EIN of the	plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
		nber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,			
<b>a</b> Spons	or's name				4c	PN	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a		18
<b>b</b> Total r	number of participants	at the end of the plan year			5b		0
	' '	account balances as of the end of the	' '	•	_		
compl	lete this item)				5c		0
_	•	during the plan year invested in el	•	,		•••••	X Yes   No
		the annual examination and report? (See instructions on waiver eligibile					X Yes No
		ther line 6a or line 6b, the plan ca	•				M 103   110
		or incomplete filing of this return					
		ner penalties set forth in the instruct	•				able a Schedule
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary, as					
belief, it is t	true, correct, and comp	olete.					
SIGN	Filed with authorized/	valid electronic signature.	04/18/2013	KRAIG JORGENSEN			
HERE			Data				
	Signature of plan a	aministrator	Date	Enter name of individ	uai sig	ning as pian adr	ninistrator
SIGN HERE							
	Signature of emplo		Date	Enter name of individ			
Preparer's	name (including firm n	ame, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Paginning of Vac		T		(b) End o	f Voo			
		7-	(a) Beginning of Yea		-		(b) End o	rrea	ı <u>r</u> 0		
	Total plan assets	7a 7b	139073	00					U		
	Net plan assets (subtract line 7b from line 7a)	7.5 7.c	139073	00					0		
	·	70		00			/b\ Ta	401	0		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	15865	52							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						158	8652		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	153037	0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	1902	20							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						154	9390		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-139	0738		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructio	ns:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amou	ınt		
a	Was there a failure to transmit to the plan any participant contribu				100	X	,	AIIIOU			
b		? (Do not i	include transactions reported	10a		X					
	on line 10a.)			10b		^					
C	Was the plan covered by a fidelity bond?			10c	X				(	3000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person:	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
112	Enter the amount from Schedule SB line 39					11a			•	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding				ction		FRISA?	П	Yes	X	No
14	• • • • • • • • • • • • • • • • • • • •			, or se	CHUIT	JUZ UI	LINIOM!	Ц_	, 55	^	. 10
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		and	enter th		e lette Year	er ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule							· cal _			
	Enter the minimum required contribution for this plan year	•				12b					
	Plain regarda dominibation for this plain year										

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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 in any plan year?	X	res No		
	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 of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		t Identification Information	25 - 26 - 15 - 275 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -						
For calend	ar plan year 2012 or	fiscal plan year beginning	01/01/2012	and ending	12/31/2	012			
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-par	ticipant plan			
B This re	turn/report is:	the first return/report	X the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC pro	ogram			
special extension (enter description)									
Part II	Basic Plan Inf	ormation—enter all requested int	formation						
1a Name	of plan				1b Three-digit				
Bearin	g Sales Empl	oyees Profit Sharing D	Plan		plan number	001			
					(PN)				
					1c Effective dat 01/01/19				
<b>2a</b> Plans Bearin	ponsor's name and a g Sales, Inc	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 81-0	entification Number			
6589 E	agle Drive				2c Sponsor's to 509-765	elephone number			
						de (see instructions)			
Moses		WA 98837			453990				
	dministrator's name : g Sales, Inc	and address Same as Plan Spons	sor Name Same as Plan	Sponsor Address	3b Administrato				
Deartin	g bares, inc					r's telephone number			
6589 E	agle Drive				509-765-1203				
Moses :	Lake	WA 98837			_				
		ne plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
	, EIN, and the plan hi or's name	umber from the last return/report.		_	4c PN				
		s at the beginning of the plan year			5a	18			
		s at the end of the plan year			5b	0			
<b>c</b> Numb	er of participants with	account balances as of the end of t	he plan year (defined bene	fit plans do not	5c	0			
		ts during the plan year invested in e							
<b>b</b> Are yo	ou claiming a waiver	of the annual examination and repor	t of an independent qualifie	d public accountant (IQI	PA)				
under	29 CFR 2520.104-46	6? (See instructions on waiver eligib	ility and conditions.)			X Yes No			
		either line 6a or line 6b, the plan c							
		or incomplete filing of this return							
SB or Sche	edule MB completed a true, correct, and con	ther penalties set forth in the instruction and signed by an enrolled actuary, a splete.	s well as the electronic vers	sion of this return/report,	, and to the best of	olicable, a Schedule my knowledge and			
SIGN	& DAINI Y	M 4 Anna 14	1 ,	Kraig Jorgense	en				
HERE	Signature of plan	administrator	Date #/12/13	Enter name of individu		administrator			
SIGN	у р.ш.		1/1//	Enter name of marvide	dai signing as plant	administrator			
HERE	Signature of empl	oyer/plan sponsor	Date/	Enter name of individu	ual signing as ampl	Not of plan anaman			
Preparer's		name, if applicable) and address; in		(optional)	Preparer's telepho	one number (optional)			
					,	(/			
				ŀ					

Pa	t III Financial Information	/ MINUS 100 - AND BUSE -							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a	Total plan assets	. 7a	13:	9073	8				0
b	Total plan liabilities	. 7b							
c	Net plan assets (subtract line 7b from line 7a)	. 7c	13:	9073	8				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		I		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	ě.						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	8b	1!	5865	2			19.	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							158652
d	Benefits paid (including direct rollovers and insurance premiums		1.5	2027	^				
	to provide benefits)	. 8d	15.	3037	0				
	Certain deemed and/or corrective distributions (see instructions)	. 8e			-				
	Administrative service providers (salaries, fees, commissions)	. 8f		1000					
	Other expenses	. 8g		1902	0				
2	Total expenses (add lines 8d, 8e, 8f, and 8g)	_			_				549390
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i			4			-13	390738
J	Transfers to (from) the plan (see instructions)	· 8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare to	oatura code	as from the List of Plan Charac	ntorioti	a Cade	- in 4	da a dua a turu a a ti		
D	in the plan provides wellare benefits, effer the applicable wellare i	eature cou	es from the List of Plan Charac	ciensii	c Coae	es in t	ne instruction	ons:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No	I	Amount	
_	Was there a failure to transmit to the plan any participant contribu	utions within	the time period described in		100			Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corr	ection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	х				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or ot	her persons	s by an insurance carrier,						
	insurance service or other organization that provides some or all instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i					
Part							L		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "\	es," see instructions and com	plete	Sched	ule SE	3 (Form	☐ Yes	П №
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	02 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	ed in this plan year, see instruc	ctions, th_	and e	nter th		e letter ru Year	ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu						2000		
	Enter the minimum required contribution for this when your				81	12b			
b	Enter the minimum required contribution for this plan year	<u></u>	·····	• • • • • • • • • • • • • • • • • • • •					

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	Factor the company to anti-based by the company to the color for this				120			10 NO 10
	Enter the amount contributed by the employer to the plan for this p				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met by t	the funding dead	line?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				(X)	es 1	No	
I Comment	If "Yes," enter the amount of any plan assets that reverted to the e	employer this yea	r	••••	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?						X Ye	s No
С	If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.)	om this plan to a	nother plan(s), identify	the plan(s)	to			
	13c(1) Name of plan(s):			1:	3c(2) El	N(s)	13c(	3) PN(s)
				_				
Part	VIII Trust Information (optional)							***
14a	Name of trust				14b Ti	rust's EIN		