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		dance witl	n the instructions to the Form 550	0-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 10/01/201	1	and ending 0	9/30/2	012			
Α.	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan		
В	This return/report is:							
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
C	Check box if filing under: X Form 5558	extension		DFVC progra	ım			
	special extension (enter descriptio	n)		•	_			
Pa	rt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
	S. TREATED LUMBER OF NE PROFIT SHARING & 401K PLAN A	ND TRUS	г		plan number			
					(PN) •	001		
				1c	Effective date of	•		
- 20	Plane and the second		(for a six also considered and six	O.L.	04/01			
	Plan sponsor's name and address; include room or suite number (et & S. ACQUISITION CORP.	mpioyer, ii	for a single-employer plan)		Employer Identification (EIN) 05-04	72078		
	S. TREATED LUMBER OF NE				Sponsor's telep			
	S. TREATED LUMBER OF NE BOX 982				401-29			
	TH KINGSTOWN, RI 02852-0612			2d	Business code (see instructions)		
					42330	00		
	Plan administrator's name and address (if same as plan sponsor, er		e")	3b	Administrator's I	EIN 72078		
	& S. ACQUISITION CORP. S. TREATED LUMBER OF NE P.O. BOX 982 NORTH KING		RI 02852-0612	30				
				3c Administrator's telephone numb				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			4 -				
	Sponsor's name			4c	PN T			
	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 complete this item)	• ,	•	5c		4		
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes N		
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					X Yes N		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Information		T					
7	Plan Assets and Liabilities		(a) Beginning of Year	-	(b) End			
а	Total plan assets	. 7a	3344099	-		3897983		
b	Total plan liabilities		3344099			3897983		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) 1	otal		
а	(1) Employers	8a(1)	31802					
	(2) Participants	8a(2)	149252					
	(3) Others (including rollovers)	8a(3)	38549					
b	Other income (loss)		635289					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					854892		
d	Benefits paid (including direct rollovers and insurance premiums	00						
-	to provide benefits)	8d	300960					
е	Certain deemed and/or corrective distributions (see instructions) \ldots	8e	0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	48					
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				301008		
i	Net income (loss) (subtract line 8h from line 8c)	8i				553884		
j	Transfers to (from) the plan (see instructions)	8j						
		-		_				

Form	5500	QE.	201	1
Form	2200	-5-	701	ı

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: 9a 2E 2F 2G 2J 2K
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0 a		-	V.			_		
а	During the plan year:		Yes	No		Am	ount	
	·	10a		X				
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	X					50000
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		Χ				
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					1241
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.)	10q	Χ					2384
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i						
ırt	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	Пи
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00	0	0_ 0			I	ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver.							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
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 negative amount)			12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
е								
	VII Plan Terminations and Transfers of Assets							
rt	VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
rt	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
ırt Ba	Has a resolution to terminate the plan been adopted in any plan 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 ur	1	3a		es X	1	Yes	
rt Ba b	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	3a the co		es X	1	Yes	×
rt Ba b c	Has a resolution to terminate the plan been adopted in any plan 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 ur of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	1:	the co				Yes	
art Ba b	Has a resolution to terminate the plan been adopted in any plan 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 ur of the PBGC? 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.)	1:	the co	ntrol				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/07/2013	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 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

2011

This Form is Open to Public Inspection

P	art I Annual Report	Identification Information				
For	calendar plan year 2011 or fis		10/01/	2011 and ending		09/30/2012
Α	This return/report is for:	X a single-employer plan	a multipl	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is:	the first return/report	the final	return/report		
		an amended return/report	โa short pl	an year return/report (less than 12 m	onths)	1
C	Check box if filing under:	X Form 5558	.	c extension	,	DFVC program
v	Officer box is using direct.	special extension (enter description)	-	o oxidiroidi.		_ S. vo program
	art II Dania Dian Info	<u></u>				
	art II Basic Plan Info Name of plan	rmation—enter all requested inform	nation		1h	Three-digit
	•	BER OF NE PROFIT SHARIN	IG & 40	1K PLAN AND TRUST	'5	plan number
						(PN) ▶ 001
						Effective date of plan
					 	04/01/1993
	Plan sponsor's name and add B. & S. ACQUISITIO	dress; include room or suite number (e	employer, i	f for a single-employer plan)	2b	Employer Identification Number
	B.&S. TREATED LUMB				20	(EIN) 05-0472078
	O. BOX 982				20	Sponsor's telephone number 401-295-3200
					2d	Business code (see instructions)
NO	RTH KINGSTOWN	RI 02852-0612				423300
3a	Plan administrator's name an	d_address_(if same as plan sponsor, e	nter "Sam	e")	3b	Administrator's EIN
В. В.	B. & S. ACQUISITIO B.&S. TREATED LUME	N CORP. BER OF NE				05-0472078
р.	O. BOX 982				3c	Administrator's telephone number 401-295-3200
4	RTH KINGSTOWN	RI 02852-0612 plan sponsor has changed since the	last return	report filed for this Nan enter the	4h	EIN
•		ber from the last return/report.	iust ictuiri	report med for this part, exter the	140	EIN
а	Sponsor's name				4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	66
b	Total number of participants	at the end of the plan year	·····		5b	66
С		ccount balances as of the end of the			5c	42
6a		during the plan year invested in eligib				
	Are you claiming a waiver of	the annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)	
		(See instructions on waiver eligibility		•		X Yes No
Pa	rt III Financial Inform	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities	auon	4, 4, 4, 5	(a) Paginging of Year	T	(h) Fad of Voca
a		***************************************	. 7a	(a) Beginning of Year 334409		(b) End of Year 3897983
	•	***************************************		334409	9	3697963
	•	7b from line 7a)	7c	334409		3897983
8	Income, Expenses, and Trans		1 70		7	
	Contributions received or received			(a) Amount	+	(b) Total
~			. 8a(1)	3180	2	
	(2) Participants	***************************************	8a(2)	14925	2	
	(3) Others (including rollovers	s)s	8a(3)	3854	9 :	
b	Other income (loss)		. 8b	63528	9	
C	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	. 8c			854892
d		rollovers and insurance premiums		20005		
_			8d	30096	쉬	
-		ctive distributions (see instructions)	8e	A		
t ~		ers (salaries, fees, commissions)	8f	4	4	
g L		0 0/	8g		-	
n :		8e, 8f, and 8g)			-	301008
l i	, , ,	ne 8h from line 8c)				553884
- 1	mansiers to (from) the plan (s	ee instructions)	l 8i		Į	4

	Form 5500-SF 2011	Page 2 ·	· 🗀								
Part	Dian Characteristics										
	IV Plan Characteristics the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K	eature codes from the	e List of Plan Chara	acteristic	Co	des in	the in	structi	ons:		
b It	the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Charac	cteristic	Code	es in t	he inst	.ructio	ns:		
Part \	Compliance Questions										
·····											
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Progr	ram)	10a		Х					
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	,	· .	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	х				9	500000	
d (Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	delity bond, that was	caused by fraud	10d		Х					
j	Vere any fees or commissions paid to any brokers, agents, or other nsurance service or other organization that provides some or all of instructions.)	the benefits under th	ie plan? (See	10e	х					12414	
f l	las the plan failed to provide any benefit when due under the plan?			10f		Х					
gι	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g	х					23843	
	this is an individual account plan, was there a blackout period? (Se 520.101-3.)			10h		Х			<u>:</u>		
	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part V	Pension Funding Compliance										
11 1	this a defined benefit plan subject to minimum funding requiremen 500))								Yes	∏ No	
	s this a defined contribution plan subject to the minimum funding re								Yes	X No	
a If	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat a waiver of the minimum funding standard for a prior year is being	amortized in this pla	n year, see instruc	tions, ai	nd ei	nter th	e date	of the	e letter ru	ling	
	ranting the waiveru complete lines 3, 9, and 10 of Schedule N			h	-	Day .	A	_ Y	ear		
	nter the minimum required contribution for this plan year		-		Γ.	12b					
	nter the amount contributed by the employer to the plan for this pla				_	12c					
d S	ubtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a mir	us sign to the left o	of a	-	12d					
e v	All the minimum funding amount reported on line 12d be met by the	funding deadline?				[Ye	s	No	N/A	
Part V	Plan Terminations and Transfers of Assets								***************************************		
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?	- 600 00 60 001 01 01 01 01 01 01 01 01 01 01 01 0				Y	es 🛚 🛪	No			
lf	"Yes," enter the amount of any plan assets that reverted to the emp	ployer this year		13a							
	/ere all the plan assets distributed to participants or beneficiaries, tr			nder the	cor	ntrol			Yes	X No	
	during this plan year, any assets or liabilities were transferred from hich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan(s) to						
130	(1) Name of plan(s):				130	(2) Ell	V(s)		13c(3)	PN(s)	
Caution	: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonable	cause	is e	stabli	shed.				
SB or S	enalties of perjury and other penalties set forth in the instructions, i chedule MB completed and signed by an enrolled actuary, as well a is true, correct, and complete.	declare that I have as the electronic ver	examined this return sion of this return/re	n/repor eport, a	t, inc nd to	luding the b	g, if appears of	olicabl my kn	e, a Sch owledge	edule and	
SIGN	Pullito-	6/7/13	PAUL SCHOLT	ES							
HERE	Signature of plan administrator	Date	Enter name of inc	dividual	signi	ing as	plan a	dmini	strator		
SIGN	Warlette.	6/7/13		cho		le.				·	
HERE	Signature of employer/plan sponsor	Date	Enter name of inc		٠,			yer or	plan sp	onsor	
								-			