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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in act	cordance with the instruc	tions to the Form 550	10- 3г.			
Р	art I	Annual Report	Identification Information						
For	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	12/31/2	2012		
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan	
В	This retu	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	/report (less than 12 m	onths)			
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m	
			special extension (enter descri	iption)					
P	art II	Basic Plan Info	rmation—enter all requested info	ormation					
1a	Name	of plan				1b	Three-digit		
DRT	FLUID F	POWER LLC SAFE HA	ARBOR 401K PLAN				plan number		
							(PN) ▶	001	
						1C	Effective date of 06/01/	•	
			dress; include room or suite numbe	er (employer, if for a single-e	employer plan)	2b	Employer Identif		
DRI	FLUID	POWER LLC					(EIN) 86-10		
						2c	Sponsor's teleph		
		/ER PARK EAST /A 98188				24			
	, , ,					Zu	Business code (32620		
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's E	ΞΙΝ	
						30	Administrator's t	olophono numbor	
						30	Administrator S t	elephone number	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						EIN		
_			mber from the last return/report.			4-			
_	•	or's name	at the best and a set the selection			4c	PN		
			at the beginning of the plan year			5a		16	
b			at the end of the plan year			5b		19	
С			account balances as of the end of t		•	5c		7	
6a	Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instruct	ions.)			X Yes No	
b			the annual examination and report						
			? (See instructions on waiver eligibi					X Yes No	
	If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.		
Ca	ution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed ι	ınless reasonable cau	use is	established.		
			her penalties set forth in the instruc						
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, as	s well as the electronic vers	sion of this return/report	t, and t	to the best of my	knowledge and	
50.	101, 11 10 1	140, 0011001, 4114 00111		T					
SIG		Filed with authorized/	valid electronic signature.	06/18/2013	NICK SUTHEIMER	R			
HE	RE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adm	ninistrator	
SIC									
HE	RE	Signature of employer/plan sponsor Date Enter name of individ				lual sig	ning as employe	r or plan sponsor	
Pre	eparer's i	name (including firm n	ame, if applicable) and address; inc	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)	

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Pai	rt III Financial Information				_						
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
a	Total plan assets	7a	25260				277189				
	Total plan liabilities	7b	0				277100			_	
	Net plan assets (subtract line 7b from line 7a)	7c	25260					277	189		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To				
	Contributions received or receivable from:		(u) Amount				(6) 10	tui			
	(1) Employers	8a(1)	621	3							
	(2) Participants	8a(2)	1621	1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	8b 241								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46	558		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2013	37							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	183	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21	1972		
	Net income (loss) (subtract line 8h from line 8c)	8i							1586		
	Transfers to (from) the plan (see instructions)	8j									
Par	rt IV Plan Characteristics	- Oj									
		feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
_											
Par							ı				
10	During the plan year:			ı	Yes	No	4	Amour	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	· · · · · · · · · · · · · · · · · · ·	10d		X					
е	, ,										
	insurance service or other organization that provides some or all o instructions.)			10e	X					/	109
f	·					X				_	.03
				10f							
<u>g</u>				10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Χ					
$\overline{}$	If 10h was answered "Yes," check the box if you either provided th			1011							
-	exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								′es	X	No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding				ection		FRISA?	П ∨	′es	X	No
14				, UI 36	JULIUIT	JUZ UI	LINIOM!		- 55	^	
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 bein			ctions	and	enter th	ne date of th	e lette	r rulir	าต	
	granting the waiver.	-			,	Day		Year _		·9	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	rm 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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	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?		Yes X 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		Yes X 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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06/17/2013 10:22

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 2012

OMB Nos. 1210-0110 1210-0089

Department of Labor Employee Benefits Security Administration This Form is Open to Public the Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 X 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) C Check box if filing under: Form 5558 ☐ DFVC program automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information **1a** Name of plan 1b Three-digit plan number DRT FLUID POWER LLC SAFE HARBOR 401K 001 (PN) ▶ PLAN 1c Effective date of plan 06/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number (EIN) 86-1053547 DRT FLUID POWER LLC 2c Sponsor's telephone number (206) 988-6775 1120 ANDOVER PARK EAST 2d Business code (see instructions) 326200 WA 98188 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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 PN 5a Total number of participants at the beginning of the plan year..... 16 5a b Total number of participants at the end of the plan year 19 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes 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.)..... X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 penaltles 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.

	2101			0
SIGN	Kick Koberton	6/17/13	KILK	KOBERTSON
HERE	Signature of plan administrator	Date		ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address, include r	oom or suite number	(optional)	Preparer's telephone number (optional)

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#116 P. UU3/UU4

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Pa	rt III Financial Information			_					
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		_	(b) End of Year		
a	Total plan assets	. 7a	252,603						
b		. 7b			0				
c	Net plan assets (subtract line 7b from line 7a)	. 7¢	25	2,6	03		277,	189	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a	Contributions received or receivable from:					11			
	(1) Employers	8a(1)	,	6,2				17:1	
	(2) Participants	8a(2)	<u></u>	6,2	T T .				
	(3) Others (including rollovers)			4 1	2.4				
	Other income (loss)	8b		4,1		1.7		. ,/	
_ d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1	46,	558	
	to provide benefits)	8d	2	0,1	37 :				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						4.	
f	Administrative service providers (salaries, fees, commissions)	8f		1,8	35	. 3.1			
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					21,	972	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	i8	al de la companya de La companya de la companya de				24,	586	
	Transfers to (from) the plan (see instructions)	8j			- E	4,4		- V1.	
	t IV Plan Characteristics		,						
b Part	If the plan provides pension benefits, enter the applicable pension of 2E 2F 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions								
10	During the plan year:				77				
	Was there a failure to transmit to the plan any participant contribut	ione withi	t the time period described in	_	Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cori	ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Da not	include transactions reported	10b		Х			
c	Was the plan covered by a fidelity bond?		4.4	10c	x		50,	000	
d	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	er person f the bene	s by an insurance carrier, rits under the plan? (See	10e	Х			409	
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)		18441>/1444/////////////////////////////	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 one of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "	es," see instructions and com	plete	Sched	ule SE	3 (Form Yes ⊠	Va	
11a	Enter the amount from Schedule SB line 39				1	11a			
12	Is this a defined contribution plan subject to the minimum funding r						ERISA? Yes XI	No.	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)						
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	ed in this plan year, see instruc	tions,	and e	nter th Day	e date of the letter ruling Year		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
ь	Enter the minimum required contribution for this plan year				T	12b			

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c	Enter the amount contributed by the employer to the plan	for this plan year	41	********	12c			
d	Subtract the amount in line 12c from the amount in line 12 negative amount)	2b. Enter the result (ente	r a minus sign to the left	of a	12d			
ė	Will the minimum funding amount reported on line 12d be					Yes	No	N/A
Part								
13a	Has a resolution to terminate the plan been adopted in any plan	an year?	******************************			'es X N	<u> </u>	-
	If "Yes," enter the amount of any plan assets that reverted				13a			
ь							Yes	⊠ No
C	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	ferred from this plan to a	nother plan(s), identify th	e plan(s) t	0			
1	3c(1) Name of plan(s):			13	3c(2) El	N(s)	13c(3	PN(s)
EL VIII								
	VIII Trust Information (optional)				_			
14a Name of trust				14b Tr	ust's EIN			