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.

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
For calenda	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012							
A This ret	urn/report is for: X a single-employer plan a	port is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan						
B This ret	urn/report is: the first return/report t	ne final return/report	İ					
	an amended return/report	short plan year retu	rn/report (less than 12 m	onths)			
C Check I	pox if filing under: X Form 5558	utomatic extension			DFVC progra	ım		
• • • • • • • • • • • • • • • • • • •	special extension (enter description)							
Part II	Basic Plan Information—enter all requested informati							
1a Name		011		1b	Three-digit			
	MPLEMENT CO., INC. RETIREMENT SAVINGS PLAN				plan number			
					(PN) •	003		
				1c	Effective date of	•		
2a Plan o	consor's name and address; include room or suite number (em	playor if for a single	omployor plan)	2h	01/01/			
BARNETT II	MPLEMENT CO., INC.	ployer, ir for a sirigit	e-employer plan)	20	Employer Identification (EIN) 91-07	61033		
				2c	Sponsor's telep	hone number		
P.O. BOX 66					360-424			
MOUNT VEI	RNON, WA 98273			2d	Business code (see instructions)		
					45399	90		
3a Plan a	dministrator's name and address X Same as Plan Sponsor Na	me Same as Pla	n Sponsor Address	3b	Administrator's I	EIN		
				3c Administrator's telephone number				
					7.0	. с. ср. т. с. т. с.		
4				ļ.,				
	name and/or EIN of the plan sponsor has changed since the las , EIN, and the plan number from the last return/report.	st return/report filed	for this plan, enter the	4b	EIN			
	or's name			4c	PN			
5a Total i	number of participants at the beginning of the plan year			5a		76		
b Total i	number of participants at the end of the plan year			5b		74		
C Numb	er of participants with account balances as of the end of the pla	an year (defined ben	efit plans do not					
	ete this item)	• '		5c		67		
	all of the plan's assets during the plan year invested in eligible					X Yes No		
	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No		
	answered "No" to either line 6a or line 6b, the plan cannot					M 100 110		
	penalty for the late or incomplete filing of this return/repo							
	alties of perjury and other penalties set forth in the instructions,					able, a Schedule		
SB or Sche	edule MB completed and signed by an enrolled actuary, as well							
belief, it is	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	08/14/2013	LORI K. HALL					
HERE	Signature of plan administrator	Date	Enter name of individ	idual signing as plan administrator				
SIGN		- 3.03			5g p			
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual cid	aning as amploya	r or plan enoncor		
Preparer's	name (including firm name, if applicable) and address; include					number (optional)		
	, , , , , , , , , , , , , , , , , , , ,		,		,	(1 /		

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Par	rt III Financial Information		<u> </u>							
	Plan Assets and Liabilities		(a) Reginning of Ver	·	T		(b) End of Year			
	Total plan assets	. 7a	(a) Beginning of Tea	(a) Beginning of Year			2682018			
	Total plan liabilities	7b	012300	, ,			2002010			
	Net plan assets (subtract line 7b from line 7a)	7c	312585	51			2682018			
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)	7728	4						
	(2) Participants	8a(2)	151746							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	17854	2						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					407572			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	85069	2						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	71	3						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					851405			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-443833			
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 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а				10a		Х				
b		? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		500000			
d	<u> </u>			100			500000			
	or dishonesty?			10d		X				
е	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
					X					
g h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X	43108			
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h						
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part 11	Is this a defined benefit plan subject to minimum funding requirem									
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	1es 100			
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•					<u> </u>			
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling						ne date of the letter ruling Year			
If	If you 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				
							· · · · · · · · · · · · · · · · · · ·			

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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):	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

Department of Labor Employee Benefits Security Administration

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

2012

This Form is Open to Public Inspection

Part I		Identification Inform		1904								
For calend	or calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012											
A This ref	turn/report is for:	∡ a single-employer plan	a	multiple-employer pi	an (not multiemployer)	multiemployer) a one-participant plan						
B This ref	urn/report is:	the first return/report	☐ th	e final return/report								
		an amended return/rep	oort as	short plan year retur	n/report (less than 12 n	nonths)					
C Check box if filing under: X Form 5558 automatic extension						DFVC program						
	SS 1 SS	special extension (ente	er description)				_ si vo piogra	****				
Part II Basic Plan Information—enter all requested information												
1a Name			oto il liotillo	A1		1h	Three-digit					
BARNETT IMPLEMENT CO., INC. RETIREMENT SAVINGS PLAN							plan number					
							(PN) •	003				
10								Effective date of plan 01/01/1991				
2a Plan s BARNETT I	ponsor's name and ad MPLEMENT CO., INC	dress; include room or suite :.	number (emp	loyer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-0761033						
						2c Sponsor's telephone number						
P.O. BOX 6	66					2d	(360) 42 Business code (
	RNON, WA 98273	nd address XSame as Plan	Spansor Non	00 00	0		453990)				
ou man a	diministrator s name a	in address Moaille as Flai	i Sponsor Ivan	ne Usame as Plar	Sponsor Address	36	Administrator's	EIN				
						3c Administrator's telephone numbe						
								XXX				
4 If the r	name and/or EIN of the	e plan sponsor has changed	since the las	return/report filed for	or this plan, enter the	1h	EIN					
name, EIN, and the plan number from the last return/report.					TO EIN							
a Sponsor's name Total number of participants at the beginning of the plan year						4c	PN					
						Ju		76				
		at the end of the plan year.				5b		74				
comp	ete this item)	account balances as of the				5c		67				
6a Were	all of the plan's asset	s during the plan year inves	ted in eligible	assets? (See instruc	tions.)		***************************************	X Yes No				
b Are yo	ou claiming a waiver o	f the annual examination an	d report of an	independent qualifie	ed public accountant (IC	DAN						
If you	answered "No" to e	? (See instructions on waive ither line 6a or line 6b, the	er eligibility and I plan cannot	conditions.)				X Yes No				
Under nen	alties of periury and of	or incomplete filing of this her penalties set forth in the	instructions	declare that I have	uniess reasonable ca	use is	established.					
OD OF OUR	duic wib completed a	nd signed by an emoned ac	tuary, as well	as the electronic ver	examined this return/re sion of this return/repor	port, ir t. and	icluding, if applicate to the best of my	able, a Schedule				
belief, it is	true, correct, and com	plete.			2	•	7,884	in omeogo and				
SIGN	x Lond	Hall		1 8-13-13	William J Rindal	OPI	K HALL					
HERE	Signature of plan a	dministrator		Date	Enter name of individ		injetrator					
SIGN				AL WITTE		dar org	gring as plan aun	iiiistiatoi				
HERE	Signature of emplo	ver/plan sponsor		Date	Enter name of in this							
Preparer's	name (including firm r	name, if applicable) and add	ress; include r	oom or suite numbe	Enter name of individer (optional)	ual sig	ning as employe	r or plan sponsor number (optional)				
		2/3 8:		T-1	A	' '	arei a telepriorie	namber (optional)				
								W				
	- Career	10000						-				

Pa	t III Financial Information		v v v							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
a	Total plan assets	7a	312585	1			2682018			
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c	312585	1			2682018			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			-3/10-	(b) Total			
а	Contributions received or receivable from:			02						
	(1) Employers	8a(1)	7728		-					
	(2) Participants	8a(2)	15174	6	_					
	(3) Others (including rollovers)	8a(3)	Wernstein der State der St		+-		· · · · · · · · · · · · · · · · · · ·			
0.0000000000000000000000000000000000000	Other income (loss)	8b	17854	12						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					407572			
u	to provide benefits)	8d	85069	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e	71		1					
f	Administrative service providers (salaries, fees, commissions)	8f			\top	12 12 12 12				
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7.00	+		051405			
i	Net income (loss) (subtract line 8h from line 8c)						851405			
j	Transfers to (from) the plan (see instructions)	8i					-443833			
Pa	t IV Plan Characteristics	, <u> </u>				-				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
	2E 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plan Chara	cterist	ic Coc	les in (he instructions:			
	1									
Par							<u> </u>			
10	During the plan year:				Yes	No	Amount			
	a 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)									
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
C	Was the plan covered by a fidelity bond?			10c	х		500000			
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		X	000000			
E		ner persor	s by an insurance carrier,			V 18 2.0				
	insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	400		х				
f	The state of the s			10e						
-				10f		Х				
<u>c</u>			The second secon	10g	X		43108			
	2520.101-3.)			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 require	d notice or one of the	10i						
Par							Li			
11										
118	Enter the amount from Schedule SB line 39					11a	1 1 2 1 1 1 1			
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)							
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru	ctions nth	, and e	enter the	ne date of the letter ruling Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
t	Enter the minimum required contribution for this plan year				T	12b				
	The second secon			- 22						

le W	Form 5500-SF 2012 Page 3 - 1							
c	Enter the amount contributed by the employer to the plan for this plan year		12c		77		::::::::::::::::::::::::::::::::::::::	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d	T				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			h	Yes	1	Vo	N/A
Part								-
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	No		
A	If "Yes," enter the amount of any plan assets that reverted to the employer this year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a	T	بالزوسا		8	-
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the	control			П	Yes	N N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)				-			
1	3c(1) Name of plan(s):	13	3c(2) E	IN(s)		13c(3)	PN(s)
							•	
Part	VIII Trust Information (optional)							

14b Trust's EIN

14a Name of trust