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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report lo	dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013		
	diffreport is for.			an (not multiemployer)		a one-partici	pant plan	
B This ret	urn/report is:	the first return/report the	e final return/report					
		an amended return/report as	short plan year returr	n/report (less than 12 mo	onths)	1		
C Check h	box if filing under:		utomatic extension		DFVC program			
		special extension (enter description)						
Part II		mation—enter all requested information	on				T	
1a Name					1b	Three-digit		
KINGSTON/	QUILCENE HENERY H	ARDWARE RETIREMENT PLAN				plan number (PN) ▶	001	
					10	Effective date of		
			10	01/01				
	ponsor's name and addr HENERY HARDWARE,	ress; include room or suite number (emp, INC.	ployer, if for a single-	employer plan)	2b	Employer Identi		
					2c	Sponsor's telep	hone number	
218 SIMS W PORT TOW	/AY NSEND, WA 98368				2d	360-38 Business code	(see instructions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	44413 Administrator's		
		-		•	3c	Administrator's	telephone number	
							•	
		plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	EIN		
a Spons		ber from the last return/report.			4c	PN		
		t the beginning of the plan year			5a	T	15	
_		t the end of the plan year			5b		15	
C Numb	er of participants with ac	ccount balances as of the end of the pla	n year (defined bene	fit plans do not	5c		15	
		during the plan year invested in eligible					X Yes No	
		he annual examination and report of an					X Yes No	
		(See instructions on waiver eligibility and ner line 6a or line 6b, the plan cannot	,				∧ res ∐ no	
		· •			_		Not determined	
C ii tiie p		plan, is it covered under the PBGC insu	rance program (see	ERISA SECTION 4021)?.		res XINO	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.		
SB or Sche		er penalties set forth in the instructions, it signed by an enrolled actuary, as well ete.						
SIGN	Filed with authorized/va	alid electronic signature.	07/08/2014	MATTHEW HENERY				
HERE	Signature of plan add	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator	
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sic	ıning as employe	er or plan sponsor	
Preparer's		me, if applicable) and address; include r					number (optional)	

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	ear	
a	Total plan assets	7a	7085				() =		91184	1
	Total plan liabilities	olan liabilities								
	Net plan assets (subtract line 7b from line 7a)	7c	7085	7					91184	1
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:						(3)	. Ota.		
	(1) Employers	8a(1)	1000	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	thers (including rollovers)								
b	Other income (loss)	8b	1544	7						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							25447	•
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	512	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5120)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							20327	7
j	Transfers to (from) the plan (see instructions)	8j								
Pai	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	des in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
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)					X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
	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 box	nd, that was caused by fraud			X				30000
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	•							
	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 as	s of year e	end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
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	ne required	d notice or one of the	10i						
Part		-								
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	Пис
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr							·	. 03	
						11a		Тг	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	3U2 Of	EKISA?.	<u> </u>	res	^ INC
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 being standard to the weights.	ng amortize	ed in this plan year, see instru		, and e	_	ne date of			ling
It.	you completed line 12a, complete lines 3, 9, and 10 of Schedule			un		Day		Yea	ar	
	Enter the minimum required contribution for this plan year	•			[12b				

Page	3 -	1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))				
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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2013

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Par	rt I	Annual Report	Identification Informat	ion								
For c	alenda	r plan year 2013 or fis	scal plan year beginning 0	1/01/2013			and ending 1	2/31/2	2013			
A TI	his retu	rn/report is for:	a single-employer plan	_			an (not multiemployer)		a one-particij	pant plan		
BT	his retu	rn/report is:	the first return/report	∐ the	e final retu	ım/report						
			an amended return/repor	nt 🗌 as	hort plan	year return	/report (less than 12 m	onths)	ĺ			
CC	heck b	ox if filing under:	Form 5558	au	itomatic e	xtension		DFVC program				
			special extension (enter	description)								
Par	t II	Basic Plan Info	rmation—enter all requeste	ed information	n		****					
	Name o		TO DISTRIBUTE PROCESSO SERVICIONE — CONTENTE SERVICI — THE XI TO REPOSSO SERVICE TERRORISMO					1b	Three-digit			
KINGSTON/QUILCENE HENERY HARDWARE RETIREMENT PLAN							plan number (PN) ▶	001				
		<u> </u>						1c	Effective date o			
		onsor's name and ad HENERY HARDWARI	dress; include room or suite n E, INC.	iumber (emp	loyer, if fo	or a single-	employer plan)	2b	Employer Identi (EIN) 72-155			
240 61	ING W							2c	Sponsor's telep (360) 38			
	MS W	ISEND, WA 98368						2d	Business code 444130	(see instructions)		
3a F	Plan ad	ministrator's name ar	nd address Same as Plan S	Sponsor Nan	ne Sai	ne as Plan	Sponsor Address	3b	Administrator's	EIN		
								3с	Administrator's	telephone number		

			e plan sponsor has changed s mber from the last return/repo		t return/re	port filed fo	r this plan, enter the	4b EIN				
	_	or's name	W2					4c	PN			
5a	Total n	umber of participants	at the beginning of the plan	/ear				5a		15		
b	Total n	umber of participants	at the end of the plan year					5b		15		
			account balances as of the e	The Principle of the Common Pr				5c		15		
		STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C	s during the plan year investe		- 15 mm - 15 mm - 1 mm		entransport and additional appropriate and appropriate property and a second appropriate and the second and a		***************************************	Yes No		
			f the annual examination and ? (See instructions on waiver							Yes No		
			ither line 6a or line 6b, the p							☑ 1ea ☐ No		
	W. Delle W. Harris		fit plan, is it covered under the							Not determined		
-	34, 37		X100-100-100-100-100-100-100-100-100-100		13 15 844 F-	20 <u></u>				_ Not determined		
			or incomplete filing of this									
SB o	r Sche		ther penalties set forth in the i nd signed by an enrolled actu plete.									
şıgı	v -	NAB	7		171	2/.4	X MATTHEW	HE	NERY			
HER	E	Signature of plan a	administrator		Date	1 .	Enter name of individ	lual si	gning as plan ad	ministrator		
SIGI	V V						V					
HER		Signature of emplo	over/plan sponsor		Date		Enter name of individ	lual si	anina as employ	er or plan sponsor		
Prep	arer's		name, if applicable) and addre	ess; include		uite numbe	r (optional)			number (optional)		
									16760	S-007** 9 * 20		
								<u> </u>		77.500		

111-1-1111000524,9805.90

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	70857	7			91184
b	Total plan liabilities	7b	SSSTE USA	-31.5.	Sata 450	. 440	
С	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a)					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0 (4)	10000				
))	(1) Employers	8a(1)	10000		-	***********	
-	(2) Participants	8a(2)	10 80 HE TO SEE THE SECOND				
	(3) Others (including rollovers)	8a(3) 8b	1544	7	+		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1071		+		25447
	Benefits paid (including direct rollovers and insurance premiums	"			+		2041
	to provide benefits)	8d	5120)			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
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			-		5120
_ <u>i_</u>	Net income (loss) (subtract line 8h from line 8c)	8i					20327
J	Transfers to (from) the plan (see instructions)	8j		1000			
	rt IV Plan Characteristics		1044-14				
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chan	acteris	itic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in th	ne instructions:
## T	in the plant provides trending a state and approximate the		25 No. 442 - 2540 - 2				
Par	t V Compliance Questions	_					
10	10 During the plan year:					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)					×	
Ŀ	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		x	
C	Was the plan covered by a fidelity bond?		***************************************	10c	х		50000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	(2070)	0 5	10d		×	
	Were any fees or commissions paid to any brokers, agents, or ot	her persor	ns by an insurance carrier,				
	insurance service, or other organization that provides some or all instructions.)			10e		х	
f			- ''			Х	
-				10f	_		
	Did the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period?			10g		Х	
ľ	2520.101-3.)	SECTION -CAMB DOC		10h		х	
ī	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i			
Par	t VI Pension Funding Compliance		3				
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						
11:	Enter the unpaid minimum required contribution for current year				$\overline{}$	11a	
12						302 of	ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
	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 granting the waiver						an the converse of the second of the group products the first of the second of the sec
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13				
	Enter the minimum required contribution for this plan year	************				12b	

	Form 5500-SF 2013 Page 3 - 1							
,				20000				
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. Engative amount)			12d				
е	Will the minimum funding amount reported on line 12d be me	et by the funding deadline?			Yes	No	П	N/A
Part	VII Plan Terminations and Transfers of Asse	ets						
13a	Has a resolution to terminate the plan been adopted in any plan y	year?		$\Pi \Pi$	res X	No		
	If "Yes," enter the amount of any plan assets that reverted to	the employer this year		13a				
ь	Were all the plan assets distributed to participants or benefici of the PBGC?			control		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.		the plan(s)	to				
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13	Ic(3) F	N(s)
			0					
			1			- 1		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust