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

	, ,	Complete all entries in accord	ance with the instruc	tions to the Form 550	10-5F.		
Part l	Annual Report	Identification Information					
For cale	ndar plan year 2013 or fis	scal plan year beginning 01/01/2014		and ending	04/30/2	2014	
A This	return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths))	
C Che	ck box if filing under:			DFVC progra	ım		
		special extension (enter description	n)				
Part I	Basic Plan Info	rmation—enter all requested informa	ition				
1a Nar	ne of plan				1b	Three-digit	
BARNET	Γ IMPLEMENT CO., INC.	RETIREMENT SAVINGS PLAN				plan number (PN) ▶	003
					10	Effective date or	
						01/01/	•
	n sponsor's name and ad T IMPLEMENT CO., INC.	dress; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-07	
P.O. BOX	/ 666				2c	Sponsor's telep	
	VERNON, WA 98273				2d	Business code (see instructions)
						45399	00
3a Pla	n administrator's name ar	nd address XSame as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If th	ne name and/or EIN of the	e plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN	
	·	mber from the last return/report.			4-	5	
	onsor's name	at the heginning of the plan year			4c	PN	
_		at the beginning of the plan year			5a		46
	·	at the end of the plan year			5b		0
		account balances as of the end of the p	• •		5c		0
6a w	ere all of the plan's assets	s during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
	, .	the annual examination and report of a			,		X Yes □ No
		? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cannot					N 163 ∐ 110
		it plan, is it covered under the PBGC ins					Not determined
	·	·					1
		or incomplete filing of this return/rep					
SB or S		her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.					
SIGN	Filed with authorized/	valid electronic signature.	10/22/2014	LORI K. HALL			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
SIGN							
SIGN HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor
HERE	Signature of emplor's name (including firm n	yer/plan sponsor ame, if applicable) and address; include		Enter name of individual Enter name of individ			r or plan sponsor number (optional)
HERE							
HERE							
HERE							

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Pa	rt III Financial Information									
7			(a) Denimina of Ven				/b) F	f V		
	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning of Yea		+	(b) End of Year			0	
	Total plan assets	7a 7b	200010	•						
	Net plan assets (subtract line 7b from line 7a)	76 7c	208679	4					0	
		76		-			(b) To	401		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	taı		
u	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4050	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						405	06	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	210850	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e	1870	7						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	8	7						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21273	300	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-20867	794	
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 2J 2K 2T 3D	feature co	des 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	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amoun	t .	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	,		-	
b		? (Do not	include transactions reported	10b		X				
				100	Χ				E 0	00000
	Did the plan have a loss, whether or not reimbursed by the plan's			10c					50	0000
	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					.,				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					0
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 require	d notice or one of the	10i						
Part		-				ı				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пү	es [No
112	Enter the unpaid minimum required contribution for current year fr					11a			-	
12	· · · · · · · · · · · · · · · · · · ·		•				EDISAS	П v	es X	No
12	Is this a defined contribution plan subject to the minimum funding			UI SE	CHOH	JUZ OĪ	LRIOA!		, o	140
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 granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	_		e letter Year	ruling	g
If	granting the waiver					Day		ı cai		
	Enter the minimum required contribution for this plan year	•				12b				
	Enter the minimum required contribution for this plant year						1			

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raye	J		

С	Enter the amount contributed by the employer to the plan for this plan year					
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	es No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country 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) to which assets or liabilities were transferred. (See instructions.)	:0				
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			

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). 2013

OMB Nos. 1210-0110 1210-0089

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

This Form is Open to Public Inspection

Part I Annual Report Id	entification Information			ind -				
For calendar plan year 2013 or fisca	al plan year beginning 01/01/	2014	and ending (04/30/2014				
A This return/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)	a one	-participant plan			
B This return/report is:	the first return/report	x the final return/report						
	an amended relurn/report	X a short plan year return	n/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		∏ DFV0	C program			
	special extension (enter descri	iption)			F. F. G. T. II.			
Part II Basic Plan Inform	nation—enter all requested info	ormation						
1a Name of plan		Vinter Vinter		1b Three-di	ait			
BARNETT IMPLEMENT CO., INC. R	ETIREMENT SAVINGS PLAN			plan nur	nber			
				(PN) >	003			
frag i milionari i i make				1c Effective	e date of plan 01/01/1991			
2a Plan sponsor's name and address BARNETT IMPLEMENT CO., INC.	ess; include room or suile numbe	r (employer, if for a single-	employer plan)		r Identification Number 91-0761033			
				2c Sponsor	's telephone number			
P.O. BOX 666				27	360) 424-7995			
MOUNT VERNON, WA 98273					s code (see instructions) 453990			
3a Plan administrator's name and	address XSame as Plan Spons	or Name Same as Plar	Sponsor Address	3b Administ	rator's EIN			
				3c Administ	rator's telephone number			
4 If the name and/or EIN of the p	lan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN				
name, EIN, and the plan numb a Sponsor's name	er from the last return/report.			4c PN				
5a Total number of participants at	the beginning of the plan year	***************************************			46			
b Total number of participants at the end of the plan year			5b	0				
	count balances as of the end of t			30				
complete this item)		***************************************		5c	0			
6a Were all of the plan's assets d	uring the plan year invested in el	igible assets? (See instruc	tions.)		X Yes No			
b Are you claiming a waiver of th	ie annual examination and report See instructions on waiver eligibi	t of an independent qualifie	d public accountant (IQ	PA)	— — — ∇ v □ v-			
If you answered "No" to either	er line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form 5500	X Yes No			
C If the plan is a defined benefit p					No Not determined			
Caution: A penalty for the late or	ncomplete filing of this return	report will be assessed	unless reasonable cau	ıse is establish	red.			
Under penalties of perjury and other SB or Schedule MB completed and	signed by an enrolled actuary, a	s well as the electronic ver	examined this return/report sion of this return/report	port, including, i t, and to the bes	f applicable, a Schedule at of my knowledge and			
belief, it is true, correct, and comple	10 11							
SIGN X	RHau	110.15-14	XJ LORI	K HA	LL			
HERE Signature of plan adn	ninistrator	Date	Enter name of individ	ual signing as p	lan administrator			
SIGN								
HERE Signature of employe	r/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor			
Preparer's name (including firm name	ne, if applicable) and address; in	clude room or suite numbe	r (optional)	Preparer's tele	ephone number (optional)			
					•			
				-				

7 Plan Assets and Liabilities 7a 2086794 b Total plan liabilities 7b 7b c Net plan assets (subtract line 7b from line 7a) 7c 2086794 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 40506	0 0					
a Total plan assets	0					
C Net plan assets (subtract line 7b from line 7a) 7c 2086794 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:						
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	0					
a Contributions received or receivable from: (a) Amount (b) Total (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 40506						
a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 40506						
(2) Participants						
(3) Others (including rollovers)	-200					
b Other income (loss)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	0506					
d Benefits paid (including direct rollovers and insurance premiums	3000					
to provide benefits)						
e Certain deemed and/or corrective distributions (see instructions) 8e 18707						
f Administrative service providers (salaries, fees, commissions) 8f						
g Other expenses 8g 87						
	7300					
i Net income (loss) (subtract line 8h from line 8c)	6794					
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2T 3D						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
The state of the s						
Part V Compliance Questions						
10 During the plan year: Yes No Amou	ınt					
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)						
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
C Was the plan covered by a fidelity bond?	500000					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	500000					
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.)						
f Has the plan failed to provide any benefit when due under the plan?						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	0					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3						
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	Yes ∏ No					
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	110					
40 10 10 10 10 10 10 10 10 10 10 10 10 10	Yes No					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	يس الطاعب					
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						
granting the waiver						
aranina the waiver approximation of the control of						

			004	-
Form	ววบบ	-51	201	

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-						
C	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	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)					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Υe	es 🗍	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	No		
10	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				0
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			5374	
	3c(1) Name of plan(s):	13c(2) EIN(s)			13c(3)	PN(s)
Part	VIII Trust Information (optional)					-
14a Name of Irust		14b Trust's EIN				