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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/	2009			
Α -	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В -	This return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Infori	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
	SION CONTROL SERVICES, L	LC, 401(K) PLAN				plan number	001		
						(PN) •			
					1c	Effective date of 01/01/2			
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	nlan)		2b	Employer Identi		ımber	
	SION CONTROL SERVICES, L	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	piarij		1	(EIN) 05-056		IIIIbCi	
					2c	Plan sponsor's		number	
	HIDEAWAY LANE EDALE, ID 83268			•	24		7-3382		
i ioivi	LBALL, IB 00200				Zū	Business code 339900		ctions)	
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's			
ERO	SION CONTROL SERVICES, L	LC 3690 HIDEA' HOMEDALE				05-056			
		HOWEDALL	, 10 00200		3с	Administrator's	telephone 7-3382	number	
4 I	the name and/or EIN of the pla	an sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN	1-0002		
		er from the last return/report. Sponso		, , , , , , , , , , , , , , , , , , , ,					
						PN			
		t the beginning of the plan year		ł	5a				
	·	t the end of the plan year		ļ	5b			3	
С		ith account balances as of the end of			5с			3	
62	,	during the plan year invested in eligib					X Yes		
		ne annual examination and report of							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ions.)			X Yes	s 📗 No	
D-		ner 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
	rt III Financial Inform	ation		T					
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End	l of Year	0.4040	
	Total plan assets		7a	80015				84012	
b	•	7h fram line 7a)	. 7b	90045				84012	
<u>C</u>		7b from line 7a)	. 7c	80015)	4.5		04012	
8 a	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(a)	Total		
а			8a(1)	3024					
	(2) Participants		8a(2)	1050)				
	(3) Others (including rollovers	s)	8a(3)						
b	Other income (loss)		. 8b	-77	7				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c					3997	
d		rollovers and insurance premiums	. 8d						
е	Certain deemed and/or correc	tive distributions (see instructions)	. 8e						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h					0	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					3997	
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

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Part IV	Plan	Characteristics
railiv	гіан	CHALACIEH SUCS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2A 2G 2J 2R 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	,							
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amount		
а	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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c		X				
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		Х				
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		Х				
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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
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	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							X No
12								X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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								
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 control of the PBGC?						Yes	X No
С	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.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EIN	۱(s)		13c(3) PN(s)
auti	ا on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/respirate is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli			
	y year or any or a							

SIGN	Filed with authorized/valid electronic signature.	09/22/2010	MARK H. CLELLAND
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/22/2010	MARK H. CLELLAND
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

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2009

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	Pension Menefit Guaranty Corporation	► Complete all entries in accord	lance with	the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	the calendar plan year 2009 or	fiscal plan year beginning	01/01	/2009 and ending	1.2	2/31/2009	WHITE COMMENTS OF THE COMMENTS		
A	This return/report is for:	x single-emptoyer plan	multiple-en	nployer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	first return/report	final return/	report					
_	f	an amended return/report		ear return/report (less than 12 mont	hal				
_	<u>}</u>				ı, Į	T DEVC peners	***		
C	Check box if filing under:	★ Form 5558	automatic e	extension	i	DFVC progra	118		
	<u> </u>	special extension (enter description)		MAN MARKET POWER AND					
		mation enter all requested inform	mation.	w11400000000011400114111111111111111111					
1a	Name of plan				1b	Three-digit plan number	}		
	Erosion Control Servi	ices, LLC, 401(k) Plan			}	(PN) ➤	001		
					10	Effective date o	f plan		
14111000	######################################				ļ <u></u>	01/01/2007			
2a		ess (employer, if for single-employer pl	an)		25	Employer Identi (EIN) 05-05	fication Number 57351		
	Erosion Control Servi	ices, LLC			20	***	telephone number		
	3690 Hideaway Lane				~~	(208) 337-			
					2d		(see instructions)		
	Homedale	ID 83268	. 4125 115		26	339900 Administrator's			
386	Plan administrator's name and Same	address (If same as plan employer, en	ster Same)		30	Administrator s	<i>បារ</i> ម		
									
					3C	Administrator's telephone number			
					<u> </u>				
4	If the name and/or EIN of the p	stan sponsor has changed since the las	t return/repo	ort filed for this plan, enter the	4b	EIN			
	name, EIN and the plan numbe	er from the last return. Sponsor's Name	1		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		3		
b	' '	the end of the plan year			5b		3		
C	Total number of participants wi	th account balances as of the end of th	ne plan year	(defined benefit plans do not	_		_		
		<u> </u>					3		
6a		uring the plan year invested in eligible a			• •		X Yes No		
b		e annual examination and report of an See instructions on walver eligibility and					X Yes No		
		er 6a or 6b, the plan cannot use Form					Land Milling		
(P)	art III Financial Inform	MANAGEMENT			***************************************				
7	Plan Assets and Liabilities			(a) Beginning of Year	1	(b) End	of Year		
а	Total plan assets		. 7a	80,015			84,012		
b	Total plan liabilities		. 7b	Income and the second s					
C	Net plan assets (subtract line 7	7b from line 7a)	. 7c	80,015			84,012		
8	Income Expenses and Transfe	The state of the s	1777	(a) Amount	(b) Total				
а	Contributions received or received		200100000000000000000000000000000000000	NEW TOURSE TO SERVICE AND ADDRESS OF THE PROPERTY OF THE PROPE					
44	(1) Employers		. 8a(1)	3,024					
	(2) Participants		. <u>8a(2)</u>	1,050					
	(3) Others (including rollovers))	. 8a(3)						
b	Other income (loss)		. 8b	(77)					
¢	Total income(add lines 8a(1), 8	3a(2), 8a(3), and 8b)	. 8c		22	The state of the s	3,997		
d	Benefits paid (including direct r	rollovers and insurance premiums			1/17				
	to provide benefits>								
e	Certain deemed and/or correct	tive distributions (see instructions) .	(ructions) 8e						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f						
9	Other expenses		· 8g	THE STATE OF THE S	(200				
b	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. sn		24		Ċ		
i	Net income (loss) (subject line	8h from line 8c)	. 81				3,997		
j	Transfers to (from) the plan (se	ee instructions)	. Bj						
ATM/SVE									

annan ann an	Form 5500-SF (2009)	Pa	ige 2-						
Par	N Plan Characteristics		***************************************	A	***************		····		
9a	If the plan provides pension benefits, enter the applicable pension feature 2E 2A 2G 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature.								
Pai	tV Compliance Questions		***************************************						
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution	within the time period	described in			×			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)			. 10a		x			DE TOTAL TARE CONTRIBUTION
c	Was the plan covered by a fidelity bond?			100	+	1 _x			
ď	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was ca	used by fraud	- 10d		×			
е	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.)	the benefits under the		100		×			
f	Has the plan falled to provide any benefit when due under the plan?			. 10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as of			waveror		×			
h		•		1,48					
ż	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the r			. 10h	 	-			
	exceptions to providing the notice applied under 29 CFR 2520.101-3			. 101					
	VI Pension Funding Compliance							4144444444444444444444444	·
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (If "Yes," see instr	uctions and co	mpiete S	chedu	16 SB (Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding req (If "Yas," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	quirements of section						, []Yes	x }No
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver			Month	and en	ter the Day	date of the	letter ruling Year	
b	Enter the minimum required contribution for this plan year				. [125			
c	Enter the amount contributed by the employer to the plan for this plan				1	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	e result (enter a minu	s sign to the le	ftofa	. [12d		**************************************	0
<u> </u>	200 State 3	funding deadline? .		<u>*</u> *.			Yes	No	N/A
Par	261971193.1			r,				TTVE	X]No
13a	Has a resolution to terminate the plan been adopted during the plan of "Yes," enter the amount of any plan assets that reverted to the empty.				· r	13a	r 		141,3110
b		THE RESERVE OF THE PROPERTY OF THE PARTY OF	**************				Lunarman	V*************************************	
	of the P8GC7					. , ,		. Yes	[X]]No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	an(s), identity	me plant	5) 112			.1001.007/02/07/07/07	
	13c(1) Name of plan(s):	AND THE PROPERTY OF THE PROPER	w4-7/4		1.	3c(2) E	IN(s)	13c(3) PN(s)
	U - MANAGAMAN AND AND AND AND AND AND AND AND AND A								
			v			***********	***		
	ion: A penalty for the late or incomplete filling of this return/report o								
SBo	r penalties of perjury and other penalties set forth in the instructions, i o Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct, and complete.	declare that I have exa s the electronic version	mined this ret a of this return	urn/repor /report, a	t, inclu nd to t	ding, if he bes	applicable, t of my know	a Scheduk wledge and	6
7092760			MARK H CI	ELLAND	······································			.mrwww.vortorror	11.000
SK	RE Signature of plan administrator	Date 9-21-10	Enter name of			ning as	plan admir	Vistrator	TOTAL SELVEN TO THE SELVEN THE SELVEN TO THE SELVEN THE SELVEN TO THE SELVEN TO THE SELVEN
12000			MARK H CI				ohomoo		
SK	RE Signature of employer/plan sponsor	Date 9-2/-10	Enter name o			ning as	emplover o	r plan spor	nsor
8200000	MANAGE - CO. STATE OF THE PROPERTY OF THE PROP		Maria de Caracina			34	and the second second	ana tariar arverisings since	