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).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information					
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009)	and ending	12/31/2	2009	
A	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 m	onths)		
С	Check box if filing under:	automatic	extension		DFVC program	
	special extension (enter description	n)			_	
Pa	art II Basic Plan Information—enter all requested informa	ation				
	Name of plan			1b	Three-digit	
BILL	YORK CRUSHING & SALVAGE 401(K) PLAN				plan number	
				10	(PN)	
				10	Effective date of plan 01/01/2007	
2a	Plan sponsor's name and address (employer, if for single-employer)	plan)		2b	Employer Identification Number	
BILL	YORK CRUSHING & SALVAGE, INC.				(EIN) 20-2478312	
пОІ	DOV 705			2c	Plan sponsor's telephone number 208-265-0405	
	BOX 725 BLE, ID 83860			2d	Business code (see instructions)	
					332900	
	Plan administrator's name and address (if same as Plan sponsor, er YORK CRUSHING & SALVAGE, INC. P O BOX 725		9")	3b	Administrator's EIN 20-2478312	
DILL	SAGLE, ID 83			3c	Administrator's telephone number	
					208-265-0405	
	If the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponsor	s name		4c	PN	
5a	Total number of participants at the beginning of the plan year			- 5a	2	
b	Total number of participants at the end of the plan year			5b	2	
C						
	complete this item)			. 5c	2	
6a	1 3 1 7		,		X Yes No	
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.		
Pa	art III Financial Information		Г	-		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	· ·	7a	2435	55	33061	
	Total plan liabilities	7b				
<u>C</u>		7c	2435	55	33061	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	218	88		
	(2) Participants	8a(2)	218	88		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	433	80		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			8706	
d	3					
_	to provide benefits)	8d				
e	` '	8e				
t ~	Administrative service providers (salaries, fees, commissions)	8f		-[
g	Other expenses	8g			^	
h :	, , , , , , , , , , , , , , , , , , , ,	8h			9706	
 	Net income (loss) (subtract line 8h from line 8c)	8i			8706	
J	Transfers to (from) the plan (see instructions)	8j				

Dant IV	Plan Characteristics
Part IV	Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 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:

	0	plant provided trouval of soliton and approvation trouval of total of			010110				O.1.O.
art	٧	Compliance Questions							
0	Duri	ng the plan year:		_		Yes	No		Amount
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X		
b		e there any nonexempt transactions with any party-in-interest? (D			10b		X		
С	Was	the plan covered by a fidelity bond?			10c		X		
d		he plan have a loss, whether or not reimbursed by the plan's fidel			10d		X		
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the actions.)	e benefits under the	e plan? (See	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X		
h	If thi	s is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X		
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i				
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements							Yes X No
2	Is th	is a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а		vaiver of the minimum funding standard for a prior year is being ar							
lf١		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			ın		Day		Year
		the minimum required contribution for this plan year				Г	12b		
		r the amount contributed by the employer to the plan for this plan				1	12c		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left of	of a		12d		
е	-	he minimum funding amount reported on line 12d be met by the f				-		Yes	No N/A
art		Plan Terminations and Transfers of Assets	-						
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					Yes X No
		es," enter the amount of any plan assets that reverted to the emplo					13a		
b	Were	e all the plan assets distributed to participants or beneficiaries, traise PBGC?	insferred to another				ontrol	ı	Yes X No
С		ring this plan year, any assets or liabilities were transferred from thassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to	1		
, , , , , , , , , , , , , , , , , , ,						13c(3) PN(s)			
Cauti	on. A	penalty for the late or incomplete filing of this return/report	will be assessed i	ınless reasonahl	e can	ise is	establ	ished	1
Jnde SB or	r pena	alties of perjury and other penalties set forth in the instructions, I called MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, ir	cludin	g, if applical	
ener	_		00/20/2040	VAULTIANA VODV					
SIGN	1	ed with authorized/valid electronic signature.	09/30/2010	WILLIAM YORK					

SIGN	Filed with authorized/valid electronic signature.	09/30/2010	WILLIAM YORK			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
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 Lebor 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).

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

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

F	Part I Annual Report Identification Information	dunge in	ar are manacao	is to the rush sat	10 Sr.			
		01/01/	2009	and ending		12/31/20	00	
Α	This return/report is for: X single-employer plan			(not multiemployer) one-participant plan				
	This return/report is for: first return/report	1	rn/report	or montemployer)		Orie-participa	ant plan	
_	an amended return/report	3	•	ort (less than 12 mo	nihal			
С	Check box if filing under: X Form 5558	ž.	ic extension	on hess than 12 mo	111115)	□ pcvc		
_	special extension (enter descripti	,	Cexterision			DFVC progra	am	
P	art II Basic Plan Information—enter all requested inform	•						
<u> </u>	Name of plan	iation			45		· · · · · · · · · · · · · · · · · · ·	
	Bill York Crushing & Salvage 401(k) Plan	1			ar	Three-digit plan number		
					L	(PN) •	001	
					1c	Effective date of	f plan	
22	Plan sponsor's name and address (amployer if for single amployer	r alon)			-	01/01/200		
	Plan sponsor's name and address (employer, if for single-employer Bill York Crushing & Salvage, Inc.	pian)	·		20	Employer Identi (EIN) 20 - 247	fication Number	
					2c		lelephone number	
	P O Box 725			·	L	(208) 265-	0405	
	Sagle		ID 8	3860	2d	Business code (332900	(see instructions)	
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam		3000	3b	Administrator's	FIN	
					3с	Administrator's	lelephone number	
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/r	aport filed for this	pian, enter the	4b EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name		(Francis and	-75	L-31 V		
52	Total number of nadicinants at the heatresize of the plan upon		~··· /	w	4c	PN		
b	Total number of participants at the beginning of the plan year				5a			
					5b		2	
	Total number of participants with account balances as of the end of complete this item)	the plan	year (defined ben	efit plans do not	5c		2	
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions	3.)		L	X Yes No	
b	Are you claiming a waiver of the annual examination and report of	an indene	ndent qualified n	ablic accountant (IO	DAY		<u></u>	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use F	and condit	ions.)			***********	X Yes No	
Pé	rt III Financial Information	01111 3300	or and must ins	stead use Form 550	JD.			
7	Plan Assets and Liabilities		(a) Bogi	nning of Year	1	(b.) F., i	-536	
а	Total plan assets	7a	(u) begi	24,35	5	(b) End	or year 33,061	
b	Total plan liabilities	7b					33,001	
	Net plan assets (subtract line 7b from line 7a)	7c		24,35	5		33,061	
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount	-	(b) T		
а	Contributions received or receivable from:					(3) (Ozar	
	(1) Employers	8a(1)		2,18	-1::			
	(2) Participants	8a(2)		2,18	8			
L	(3) Others (including rollovers)	8a(3)	ļ		4: -			
_	Other income (loss)	85		4,33	0			
đ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		`-		8,706	
u	to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			1			
g	Other expenses	8g			7			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				······································	0	
i	Net income (loss) (subtract line 8h from line 8c)	81			1		8,706	
	Transfers to (from) the plan (see instructions)	8i				The second second	No. 2 1 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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Page	2-	l

Par									
9a	If t	ne plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2K 2R 3D	ture codes from the	List of Plan Chan	acteris	tic Co	des in	the instruct	ions:
þ	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							ons:	
Parl	V	Compliance Questions							
10		uring the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No	<u> </u>	
	W	as there a failure to transmit to the plan any participant contribution 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	s within the time po	eriod described in	1 1	Tes	X	· · · · · ·	Amount
b	W	ere there any nonexempt transactions with any party-in-interest? (C line 10a.)	Do not include trans	actions reported	10a 10b		x		
C					10c		Х		
d	Di	d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	elity bond, that was	caused by fraud	10d		х		
e	ins	ere any fees or commissions paid to any brokers, agents, or other parameters or other parameters or all of the structions.)	e benefits under th	e plan? (See	10e		x		
f		s the plan failed to provide any benefit when due under the plan?.							· · · · · · · · · · · · · · · · · · ·
g		the plan have any participant loans? (If "Yes," enter amount as of			10f		X		· · · · · · · · · · · · · · · · · · ·
h	If t	his is an individual account plan, was there a blackout period? (See	e instructions and 2	9 CFR	10g		<u> x</u>		
	25	20.101-3.)	·		10h		Х		
'	ex	ceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	10ì				
Part	VI	Pension Funding Compliance						<u> </u>	
11	1s t 55t	his a defined benefit plan subject to minimum funding requirements 00))	s? (If "Yes," see ins	tructions and com	plete S	Sched	ule SB	(Form	Yes X No
	(if if a gra	this a defined contribution plan subject to the minimum funding req "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a nting the waiver.	e.) mortized in this pla	n year, see instruc	tions	and e	nter th	e date of the	Yes X No
	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MI	B (Form 5500), an	d skip to line 13.					
		er the minimum required contribution for this plan year					12b		
C	En	er the amount contributed by the employer to the plan for this plan	year	***************************************			12c		
	uei	otract the amount in line 12c from the amount in line 12b. Enter the pative amount)		••••		~ L	12d		
		the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No N/A
art	VII	Plan Terminations and Transfers of Assets							
		s a resolution to terminate the plan been adopted during the plan ye							Yes X No
	If "	es," enter the amount of any plan assets that reverted to the empl	oyer this year				13a	····	
	of t	re all the plan assets distributed to participants or beneficiaries, tra	*************************				ntrol		Yes X No
	wh	uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan	(s) to			· · · · · · · · · · · · · · · · · · ·
1	3c(1) Name of plan(s):				13c	(2) EII	V(s)	13c(3) PN(s)
			······································						
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	e caus	se is e	stabli	shed	<u> </u>
Under SB or	r pe Sch	nalties of perjury and other penalties set forth in the instructions, I can be set a completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retur	n/ren	ort inc	hadine	if applicab	le, a Schedule nowledge and
SIGN	Ţ	William Zoh	9-29-10	William Yor	·k				
HERE			Date	Enter name of inc		al einn	ing ac	nlan odmi-	introlor
SIGN	\top		- July	miner hance of Mil	AIVIUU	ai oiyn	niy as	pian admin	ISTRACOF
HERE		Signature of employer/plan sponsor	Date	Enter name of inc	lividus	al sinn	inn se	employer	r nian enopoor
							2 23	- PIOYEL U	וטפווטקב ויפוק י