## 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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 10/01/2009	9	and ending	09/30/2	2010			
Α .	This return/report is for: Single-employer plan	ort is for: Single-employer plan						
В	This return/report is for: first return/report							
	an amended return/report	short plar	year return/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558		DFVC program					
	special extension (enter description	n)			_			
Pa	Int II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
TRI-S	STATE DISTRIBUTORS 401(K) PLAN				plan number			
				10	(PN) <b>F</b>			
				10	Effective date of plan 10/01/1994			
2a	Plan sponsor's name and address (employer, if for single-employer)	plan)		2b	Employer Identification Number			
TRI-S	STATE DISTRIBUTORS, INC.				(EIN) 82-0251946			
ВΟ	BOX 8008			2c	Plan sponsor's telephone number 208-882-4555			
	COW, ID 83843			2d	Business code (see instructions)			
					452900			
	Plan administrator's name and address (if same as Plan sponsor, er STATE DISTRIBUTORS, INC. P.O. BOX 800		e")	3b	Administrator's EIN 82-0251946			
1101	MOSCOW, IE			3c	Administrator's telephone number			
					208-882-4555			
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN			
	name, Link, and the plan number from the last return/report. Sponsor	i S Hairie		4c	PN			
5a	Total number of participants at the beginning of the plan year			- 5a	57			
b	<b>b</b> Total number of participants at the end of the plan year			- 5b	67			
C	Total number of participants with account balances as of the end of			<b>5</b> 0	43			
	complete this item)			. 5c	M D			
b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
~	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	orm 5500-	SF and must instead use Form 5	500.				
	rt III Financial Information							
7	Plan Assets and Liabilities	_	(a) Beginning of Year	7	(b) End of Year			
a	Total plan sisets	7a	83011	7	1068196			
C	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b	8301	7	1068196			
8	Income, Expenses, and Transfers for this Plan Year	7c		1				
а	Contributions received or receivable from:		(a) Amount		(b) Total			
-	(1) Employers	8a(1)	4066	32				
	(2) Participants	8a(2)	11245	50				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	9548	88				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			248600			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1052	21				
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			10521			
i	Net income (loss) (subtract line 8h from line 8c)	8i			238079			
j	Transfers to (from) the plan (see instructions)	8j						
-								

Part IV	Dian	Charas	torictics
Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

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

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

		,			010110					
art	t V	Compliance Questions								
0	Du	ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a		X			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X			
С	W	as the plan covered by a fidelity bond?			10c	X				1000000
d		the plan have a loss, whether or not reimbursed by the plan's fide			10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	ne benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan? .			10f		Χ			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h	If th	is is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h	X				
i	If 1	Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i	X				
art	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements 0))							Yes	s No
12		his a defined contribution plan subject to the minimum funding req							Yes	s X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						_	_
а		waiver of the minimum funding standard for a prior year is being a nting the waiver.								
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M		-		г		1		
b	Ent	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan	-				12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	,	-			12d			
е	Wil	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								
3а	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?		<u>.</u>			Yes	s X No
	If "\	es," enter the amount of any plan assets that reverted to the empl	loyer this year				13a			
b	We	re all the plan assets distributed to participants or beneficiaries, transe PBGC?	ansferred to another				ontrol		Yes	s X No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e pla	n(s) to	)			
1	13c(1) Name of plan(s):					13	<b>c(2)</b> El	N(s)	13c(	<b>3)</b> PN(s)
Caut	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	lished.		
Jnde SB o	er pe or Sch	nalties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, ir	ncludin	g, if applica		
SIC	N F	iled with authorized/valid electronic signature.	12/02/2010	MARY L. CONNE	LLY					
SIG HER		Signature of plan administrator	Date	Enter name of in	dividı	ıal sin	ning as	s plan admi	nistrator	
		_				- 3	٠			

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 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.

OMB Nos. 1210-0110 1210-0089

2009

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Par				100	040		
For c	alendar plan year 2009 or fiscal plan year beginning 10/01/2009		and ending 09	/30/2	010		
A TI	nis return/report is for: 🛛 single-employer plan	nultiple-em	ole-employer plan (not multiemployer) one-participant plan				
Вт	nis return/report is for: first return/report f	inal return/	report				
		hort plan y	rear return/report (less than 12 mon	ths)			
Cc	heck box if filing under: Form 5558	automatic e	extension		DFVC program		
• •	special extension (enter description			9			
Dat		<del></del>					
Par	t II Basic Plan Information—enter all requested informated and plan	1011		1h	Three-digit		
	SENIOR BARTIC POTE (Mile Better Text)			,,,	plan number		
111-5	TATE DISTRIBUTORS 401(K) PLAN				(PN) D001		
	ž.			1c	Effective date of plan 10/01/1994		
2a 1	Plan sponsor's name and address (employer, if for single-employer p	lan)		2b	Employer Identification Number		
	TATE DISTRIBUTORS, INC.				(EIN) 82-0251946		
				2c	Plan sponsor's telephone number		
P.O. 8	3OX 8008		ŀ	24	208-882-4555		
MOS	COW ID 83843			Zu	Business code (see instructions) 452900		
3a	Plan administrator's name and address (if same as Plan sponsor, en	ter "Same"	)	3b	Administrator's EIN		
SAME	9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				82-0251946		
				3с	Administrator's telephone number 208-882-4555		
4 If	the name and/or EIN of the plan sponsor has changed since the las	t return/rep	ort filed for this plan, enter the	4b	EIN		
n	ame, EIN, and the plan number from the last return/report. Sponsor	's name	A-50	4c	DN		
5a Total number of participants at the beginning of the plan year			5a 5b	57			
<b>b</b> Total number of participants at the end of the plan year					67		
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					43		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	See instructions.)		Yes   No		
b	Are you claiming a waiver of the annual examination and report of a	in indepen	dent qualified public accountant (IQI	PA)	⊠ Yes □ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-9	SF and must instead use Form 55	 NO.			
Pa	rt III Financial Information	7111 5000 <b>-</b>	or and most motora asser orm os				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a	Total plan assets	7a	830117		1068196		
	Total plan liabilities			_			
	Net plan assets (subtract line 7b from line 7a)	f se_sc		1111			
		7c	830117		1068196		
		7c					
	Income, Expenses, and Transfers for this Plan Year	7c	830117 (a) Amount		1068196 (b) Total		
		7c 8a(1)					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	8a(1)	(a) Amount	2			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2)	(a) Amount 40662	2			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	(a) Amount 40662	2			
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b	(a) Amount 40662 112450	2			
a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount 40662 112450	2	(b) Total		
a b c	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount 40662 112450 95488	2	(b) Total		
a b c d	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Amount 40662 112450 95488	2	(b) Total		
a b c d e f	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Amount 40662 112450 95488	2	(b) Total		
a b c d e f g	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Amount 40662 112450 95488	2	(b) Total		
a b c d e f	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Amount 40662 112450 95488	2	(b) Total 248600		
a b c d e f g	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Amount 40662 112450 95488	2	(b) Total 248600		
a b c d e f g	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Amount 40662 112450 95488	2	(b) Total 248600 10521		

Signature of employer/plan sponsor

	Fo	rm 5500-SF 2009	Pa	ge 2- <u>'</u>						
Par		Plan Characteristics				- S	ON SECTION SEC			
9a		n provides pension benefits, enter the applicable pension tea 2J 2K 3D 2T	ture codes from the	List of Plan Chara	cteris	tic Co	des in	the instruct	ons:	W-000
b		n provides welfare benefits, enter the applicable welfare feat	ure codes from the L	ist of Plan Charac	cteris	ic Co	des in 1	the instruction	ons:	
										-
Parl	V Co	mpliance Questions								
10		he plan year:				Yes	No		Amount	
	29 CFF	ere a failure to transmit to the plan any participant contribution R 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	m)	10a		Х			
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х			
C	Was th	e plan covered by a fidelity bond?	******************		10c	×				1000000
d		plan have a loss, whether or not reimbursed by the plan's fld			10d		х			
е	insuran	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)			10e		X			
f	Has the	plan failed to provide any benefit when due under the plan?			10f		Х			ww. c
g	Did the	plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		Х			
_	If this is	an individual account plan, was there a blackout period? (Se	e instructions and 29	CFR	10h	х				
ì	If 10h w	as answered "Yes," check the box if you either provided the cons to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	10i	Х				
Part		ension Funding Compliance								
11	Is this a 5500))	defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see inst	ructions and comp	plete	Sched	lute SE	3 (Form	Yes	∏ No
12	Is this a	defined contribution plan subject to the minimum funding rea	quirements of section	1 412 of the Code	or se	ction :	302 of	ERISA?	Yes	No 🔀
	(If "Yes,	complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)	# 19 1						
а	If a wais	rer of the minimum funding standard for a prior year is being a	amortized in this plar	n year, see instruct	tions, h	and e	enter tr Dav	te date of th	e ietter ru Year	ung
lf	you com	pleted line 12a, complete lines 3, 9, and 10 of Schedule N	IB (Form 5500), and	l skip to line 13.		-	7.5			
		e minimum required contribution for this plan year					12b			
C	Enter th	e amount contributed by the employer to the plan for this plan	n <b>уеаг</b>	***************************************	. <b></b>	[	12c	-		
d	Subtrac negative	t the amount in line 12c from the amount in line 12b. Enter the	e result (enter a mini	us sign to the left o	ofa	L	12d			
е	Will the	minimum funding amount reported on line 12d be met by the	funding deadline?	***********				Yes	No	N/A
Pari	VII F	lan Terminations and Transfers of Assets			- 2				_	
13a		esolution to terminate the plan been adopted during the plan						Y	Yes	X No
	If "Yes,"	enter the amount of any plan assets that reverted to the emp	oloyer this year	-+ ^-/	*****		13a			
	of the F	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No		
C	If during which a	this plan year, any assets or liabilities were transferred from ssets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identity in	ie pia			10-10-10-1	225/76-252	
-	13c(1) Na	me of plan(s):	5-30m2			13c(2) EIN(s) 13c(3) P			) PN(s)	
									ŀ	
550										
									l	
Cau	tion: A p	enalty for the late or incomplete filing of this return/repor	t will be assessed i	uniess reasonabl	e car	ıse is	estab	lished.		
SBI	or Schedu	es of perjury and other penalties set forth in the instructions. le MB completed and signed by an enrolled actuary, as well e, correct, and complete.	I declare that I have as the electronic ver	examined this return/i	repor	pen, II I, and	to the	g, n applica best of my l	ble, a Sci inowledge	nedule e and
	1-			L. GEHARD CONNECLY THERY L. Connelly					180	
HE		Mary La Connecty nature of plan administrator	Date /1/2//D	Enter name of in	V. 89 - Webb	By the		St 10 00 12	1 202 400 203	
SIG	N .							<u> </u>		4910
	- CANADA (1997)	nature of employer/plan sponsor	Date			ual aid	inina a	s employer	ac alan a	