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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the inst	ructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	Identification Information								
For calenda		iscal plan year beginning 01/01/20	12	and ending 1	2/31/20	012				
	turn/report is for:	a single-employer plan	=	plan (not multiemployer)		a one-particip	oant plan			
B This ret	turn/report is:	the first return/report	the final return/repo	rt						
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	<u></u>				
C Check I	box if filing under:	Form 5558	automatic extension	ı		DFVC progra	ım			
		special extension (enter descript	ion)							
Part II	Basic Plan Info	ormation—enter all requested inform	mation							
1a Name	•				1b	Three-digit				
	SONS B F GARBAG	E 401K PLAN				plan number				
						(PN) •	001			
					1c	Effective date of				
						01/01	/2011			
	ponsor's name and ac KSONS B F GARBAC	ddress; include room or suite number (iE, LLC	employer, if for a sing	le-employer plan)		Employer Identif (EIN) 26-41	fication Number 99534			
					2c	Sponsor's telephone number				
PO BOX 19	13					208-267				
BONNERS I	FERRY, ID 83805				2d	Business code (see instructions)			
3a Plan a	dministrator's name a	nd address Same as Plan Sponsor	Name Same as P	lan Sponsor Address	3b .	Administrator's I				
REDERICKS	SONS B F GARBAGE		3 EDDV ID 02005		30					
		BONNERS F	ERRY, ID 83805		3c Administrator's telephone number 208-267-3303					
4 If the r	name and/or EIN of th	e plan sponsor has changed since the	e last return/report filed	for this plan, enter the	4b	FIN				
		imber from the last return/report.	·	, ,						
a Spons	or's name				4c	PN				
5a Total i	number of participants	s at the beginning of the plan year			5a		5			
b Total i	number of participants	s at the end of the plan year			5b		5			
		account balances as of the end of the		•	5c		5			
		ts during the plan year invested in eligi					X Yes No			
		of the annual examination and report o					M 100 110			
		6? (See instructions on waiver eligibility					X Yes No			
If you	answered "No" to e	either line 6a or line 6b, the plan can	not use Form 5500-S	SF and must instead use	Form !	5500.				
Caution: A	A penalty for the late	or incomplete filing of this return/re	eport will be assesse	ed unless reasonable cau	ıse is e	established.				
Under pena	alties of perjury and o	ther penalties set forth in the instructio	ns, I declare that I have	e examined this return/rep	oort, ind	cluding, if applic	able, a Schedule			
		and signed by an enrolled actuary, as w	well as the electronic v	rersion of this return/report	t, and to	the best of my	knowledge and			
belief, it is	true, correct, and com	iplete.								
SIGN	Filed with authorized	/valid electronic signature.	03/06/2013	RONALD R. FREDER	ICKSO	N				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sigr	ning as plan adn	ninistrator			
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual sigr	ning as employe	r or plan sponsor			
Preparer's		name, if applicable) and address; inclu					number (optional)			
							, ,			

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Dan	t III Financial Information		Ŭ		-			
Par	•		1 () = 1		<u> </u>		#\	
	Plan Assets and Liabilities	_	(a) Beginning of Yea		(b) End of Year			
	Total plan assets	7a 	1549	93	-	28121		
	Total plan liabilities	7b	4540		-			
	Net plan assets (subtract line 7b from line 7a)	7c	1549	93	-		28121	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	1050	0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	212	28				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12628	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
i	Net income (loss) (subtract line 8h from line 8c)	8i					12628	
	Transfers to (from) the plan (see instructions)	8i		0				
Par	t IV Plan Characteristics	, ,	l		·			
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
D = =1	V Osmalisa se Ossatisa s							
Part					.,		<u> </u>	
10	During the plan year:	tiono with:	n the time period described in		Yes	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)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 cinstructions.)	of the bene	efits under the plan? (See	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 a	s of year e	end)	10g		Х		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X		
i	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			10ii				
Part		1-0		101				
11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Yes No 11a Enter the amount from Schedule SB line 39							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	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 waiverMonth Day Year							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

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	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?		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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part	Annual Report	dentification information						
For calend	lar plan year 2012 or f	fiscal plan year beginning	01/01/2012	and ending	12/3	L/2012		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	n (not multiemployer) a one-participant plan				
B This re	turn/report is:	the first return/report	the final return/report	eport				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFV	C program		
		special extension (enter descr	ription)					
Part II	Basic Plan Info	ormation—enter all requested inf	ormation					
1a Name	of plan				1b Three-			
Freder	icksons B F C	Sarbage 401k Plan			plan nu	10.01		
					(PN)	e date of plan		
					,	/ 2011		
	ponsor's name and acid icksons B F G	ddress; include room or suite numbe arbage, LLC	er (employer, if for a single-	employer plan)		er Identification Number 6-4199534		
PO Box	1913				1	or's telephone number 267-3303		
					2d Busines	s code (see instructions)		
	s Ferry	ID 83805			56200			
	dministrator's name a icksons B F G	nd address Same as Plan Spons	or Name Same as Plar	Sponsor Address	3b Adminis 26-41	strator's EIN L99534		
rieder	icksolls b r G	arpage, buc			3c Adminis	trator's telephone number		
PO Box	1913				208-2	67-3303		
Bonner	s Ferry	ID 83805						
		e plan sponsor has changed since t	he last return/report filed for	or this plan, enter the	4b EIN			
	, ⊵IN, and the pian nu or's name	mber from the last return/report.			4c PN			
<u>-</u>		at the beginning of the plan year			5a	5		
		at the end of the plan year			5b	5		
	•	account balances as of the end of t						
compl	ete this item)				5c	5		
	•	s during the plan year invested in el	•	•		X Yes No		
,	3	f the annual examination and report ? (See instructions on waiver eligibi		•	,	X Yes ∏ No		
		ither line 6a or line 6b, the plan ca	•					
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed i	uniess reasonable cau	ise is establis	h ed.		
		her penalties set forth in the instruct						
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic vers	sion of this return/report	, and to the be	st of my knowledge and		
M. C. C. C. C.	10 0.	- //						
SIGN HERE	Rosseld	Fretaker		Ronald R. Fred	derickson			
HEILE	Signature of plan a	dministrator	Date 2/28/13	Enter name of individu				
SIGN				Ronald R. Fred	derickson			
HERE Signature of employer/plan sponsor Date Enter nar Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)						employer or plan sponsor		
Preparers	name (including firm n	name, if applicable) and address; inc	aude room or suite number	(optional)	Preparers te	ephone number (optional)		
				ļ				

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Pag	•	•

Pa	rt III Financial Information			•••••					
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Yea	ır
а	Total plan assets	. 7a		154	93				2812
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c		154	93	722			2812
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total	
а	Contributions received or receivable from:	9-(4)		105	00				
	(1) Employers	8a(1)			0	000			
	(2) Participants (3) Others (including rollovers).	8a(2) 8a(3)			0	5 S.E.			
h	Other income (loss)	8b		212	28	100			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		R. Libri					1262
	Benefits paid (including direct rollovers and insurance premiums	00			10	TURBO		Binus I	JO 57 34 24
	to provide benefits)	8d			0	300			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	11 11/4			
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	. 8g			0	Like			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	100		of the	00				
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	81						Continuent	1262
J	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8]			0				
b Par	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fellows The plan provides welfare benefits, enter the applicable welfare fellows.								
10	During the plan year:				Yes	No		Amou	nt
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		Х			
С	Was the plan covered by a fidelity bond?		***************************************	10c	Х				2000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)			10e		х	u.		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		1	10 h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)								res No
11a	Enter the amount from Schedule SB line 39				1	11a			
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the Code	or se	ction 3	302 of	ERISA?	Y	∕es X No
	(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 bein granting the waiver.	-	Mont		and e	nter th Day	ne date of	the lette Year	r ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					401			
b	Enter the minimum required contribution for this plan year				<u> </u>	12b			

***************************************	Form 5500-SF 2012	Page 3 -					
	Enter the amount contributed by the employer to the plan for this plan year	ar		12c	T		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resnegative amount)	sult (enter a minus sign to the le	eft of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ding 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?			П	Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	nt under the	e control Yes			X No	
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify	the plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			