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).

2010

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	tions to the Form 550	0-SF.	
Part I	Annual Report I	dentification Information				
For calend	lar plan year 2012 or fis	cal plan year beginning 01/01/2012		and ending 1	2/31/2012	
	turn/report is for:			an (not multiemployer)	a one-parti	cipant plan
B This re	turn/report is:		he final return/report			
		an amended return/report a	short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ram
	•	special extension (enter description)		_	
Part II	Racic Plan Infor	rmation—enter all requested informat				
		mation—enter all requested informati	ION		1h Thron digit	
1a Name	or pian LAND & TIMBER, INC.	401K PLAN			1b Three-digit plan number	
INISIAIL	LAND & HIVIDER, INC.	40TK FLAIN			(PN)	001
					1c Effective date	
						1/2005
2a Plan s	nonsor's name and add	dress; include room or suite number (em	nlover if for a single-	employer plan)	2b Employer Ider	
TRI STATE	LAND & TIMBER, INC.		ipioyor, ii for a oiligio	omployor plany	' '	3740134
					2c Sponsor's tele	nhono numbor
47000 CD 0	IO MECT					74-7640
17603 SR 2 BLOUNTST	OWN, FL 32424				2d Business code	
					113	,
3a Plan a	administrator's name and	d address X Same as Plan Sponsor Na	ma Sama as Plan	Sponsor Address	3b Administrator'	
Ju i lali a	durininstrator s riarrie ari	d address A Same as I lan Sponson Na	ine Dame as rian	oponsor Address	JD Administrator	5 LIIV
					3c Administrator'	s telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN	
		nber from the last return/report.	ot rotarri, roport mod ro	and plan, office are	TO LIN	
	sor's name	•			4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	17
b Total	number of participants	at the end of the plan year			5b	12
		account balances as of the end of the pla			35	12
	· ·		• '	•	5c	5
	,	during the plan year invested in eligible			L	X Yes No
_		the annual examination and report of ar				M 100 110
•	ū	(See instructions on waiver eligibility ar			,	X Yes No
		ther line 6a or line 6b, the plan canno				
		or incomplete filing of this return/repo				
		per penalties set forth in the instructions,				iaahla a Cahadula
		d signed by an enrolled actuary, as well				
	true, correct, and comp				., a 10 11.0 2001 0	.yoougo uu
				I		
SIGN	Filed with authorized/v	valid electronic signature.	04/23/2013	KENNETH BETTS		
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	ual signing as plan a	dministrator
SIGN	Filed with authorized/v	valid electronic signature.	04/23/2013	KENNETH BETTS		
HERE	Signature of omploy		l s .	Enter name of individ	ual cianina ac ampla	
		yer/plan sponsor	Date		uai signing as emplo	yer or plan sponsor
Preparer's		yer/plan sponsor ame, if applicable) and address; include				yer or plan sponsor ne number (optional)
Preparer's						
Preparer's						
Preparer's						
Preparer's						

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Pai							
	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
-	Total plan assets	7a	37363	88			320243
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	37363	8	-		320243
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1450	4			
	(2) Participants	8a(2)	1617				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	3284	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	323				63520
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11505	2			03320
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	186	3			
	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					116915
i	Net income (loss) (subtract line 8h from line 8c)	8i					-53395
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics	<u>, , , , , , , , , , , , , , , , , , , </u>					
9a	If the plan provides pension benefits, enter the applicable pension 2G 2J 3D	feature cod	es from the List of Plan Chara	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Cod	des in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				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	Χ		
d		fidality ban					32024
	or disnonesty?			10d		X	32024
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	ner persons	by an insurance carrier,			X	32024
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner persons of the benef	by an insurance carrier, its under the plan? (See		X		1575
e f	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all oinstructions.)	ner persons of the benef	by an insurance carrier, its under the plan? (See	10d	X	X	
	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan	ner persons of the benef	by an insurance carrier, its under the plan? (See	10d 10e	X		
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	ner persons of the benef n?s of year en	by an insurance carrier, its under the plan? (See	10d 10e 10f			1575
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	ner persons of the benef on? s of year en (See instruction one required	by an insurance carrier, its under the plan? (See and.)	10d 10e 10f 10g		X	1575
f	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ner persons of the benef on? s of year en (See instruction one required	by an insurance carrier, its under the plan? (See and.)	10d 10e 10f 10g 10h		X	1575
f g h	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ner persons of the benef on? s of year en (See instruct one required 1-3	by an insurance carrier, its under the plan? (See decorated by an	10d 10e 10f 10g 10h 10i	X	X X	1575 51532 3 (Form
f g h i Part	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	ner persons of the benef n?	by an insurance carrier, its under the plan? (See d.)tions and 29 CFR notice or one of the	10d 10e 10f 10g 10h 10i	X	X X	1575 51532 3 (Form
f g h i Part 11	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plath the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ner persons of the benef	by an insurance carrier, its under the plan? (See	10d 10e 10f 10g 10h 10i	X	X X dule SE	1575 51532 S (Form Yes X No
f g h i Part	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39.	ner persons of the benef n?	by an insurance carrier, its under the plan? (See decorated). d.)tions and 29 CFR decorated from the d	10d 10e 10f 10g 10h 10i	X	X X dule SE	1575 51532 S (Form Yes X No
f g h i Part 11 11a 12	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plath the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ner persons of the benef n?	by an insurance carrier, its under the plan? (See	10d 10e 10f 10g 10h 10i nplete	Scheo	X X dule SE 11a 302 of	1575 51532 3 (Form Yes X No ERISA? Yes X No
f 9 h i Part 11 11a 12 a	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (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 the standard for a prior year is year.	ner persons of the benef on? sof year en (See instructure one required 1-3 ents? (If "Your requiremer as applicating amortized	by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com ats of section 412 of the Code ole.) d in this plan year, see instructions and com Mon	10d 10e 10f 10g 10h 10i nplete	Scheo	X X dule SE 11a 302 of enter th	3 (Form Yes X No ERISA? Yes X No e date of the letter ruling

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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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treesury iniemai Revenue Service

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

2012 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public Pension Banefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Inspection Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) P. A. II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Tri State Land & Timber, Inc. 401K Plan (PN) ▶ 001 1c Effective date of plan 01/01/2005 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Tri State Land & Timber, Inc. (EIN) 59-3740134 2c Sponsor's telephone number 17603 SR 20 West (850) 674-7640 2d Business code (see instructions) Blountstown FL 32424 113310 Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. а Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5≅ 17 h Total number of participants at the end of the plan year 5b 12 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5 5c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Kenneth Betts HERE Signature of plan administrator Enter name of individual signing as plan administrator Kennath Betts Signature of employer/plan sponsor Date 4 18 Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

OMB Nos. 1210-0110

1210-0089

	Form 5500-SF 2012		Page 2						
	ar till Financial Information		Page 2	-					
7	Financial Information Plen Assets and Liabilities	***			-				
a			(a) Beginning of Ye	ar			(b) End	of Year	
b	Total plan assets	. 7a	373,	638	1		1-/		2,243
c	Net plan assets (subtract line 7b from line 7s)	7b		_		***************************************			723
8	Income, Expenses, and Transfers for this Plan Year	-	373,6	538				320	,243
a	Contributions received or receivable from:		(#) Amount				(b) T		7240
	(1) Employers	8a(1)	14,5	504					P. P. San
	(4) Pariscipants	0-/31	16,1		- 100	ezavela (O Trittoria			
Ъ	(3) Others (including rollovers)	8a(3)						i Verilia	
c	Otto: Income (1088)	8b	32,8	44	- AV				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1909 1909 1909				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				111302	AGWAH		63	,520
0	Certain deemed and/or corrective distributions (see instructions)	8d	115,0	52			7.5		
f	Administrative service providers (salaries, fees, commissions)	80				eg(s)		artike	
9	Other expenses	8f	1,8					711	10.9 (17)
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	Endaga (ender in de relation de la company de la compa	0 इंटिक्स्य					
l	Net Income (loss) (subtract line 8h from line 8c)	8h 8i			2				,915
<u>i</u>	Transfers to (from) the plan (see instructions)				337	2 samue	HINDING CONTRACTOR	(53)	
	Plan Characteristics	8]		·	nel E				B. K. 剧 6
9a	If the plan provides pension benefits, enter the applicable pension fer 2G 2ガ 3D	atura node	to from the Lint of Disc Change						,,
	2G 2J 3D	armin Ande	as more that of Light Custac	terist	ic Cod	ės in	the instruction	ns:	
b	If the plan provides walfare benefits, enter the applicable walfare to								
-	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characte	ristic	Code	s in th	ne instruction	18;	
5	Compliance Questions		<u> </u>	······					
0	During the plan year:				T		T		
а		one within	the time and described in		Yes	No	A	mount	
	28 CFR 2510.3-1027 (See instructions and DQL's Voluntary Fiducia	ary Correc	tion Program)	10a		х			
b	vvere there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions renoded			ļ			· ••
_	on line 10a.)	***************************************		10b		X			
	Was the plan covered by a fidelity bond?	*************		10¢	х				32,024
d	Did the plan have a loss, whether or not reimbursed by the plan's fill or dishonesty?	delity bond	f, that was caused by fraud			x			
θ	Were any fees or commissions pald to any brokers, agents, or other		***************************************	10d	ļ	<u> </u>			
•	insurance service or other organization that provides some or all of	the benefi	its under the plan? (See						
	(NSINUCTIONS.)	***********	>>>0	10e	х	<u> </u>			1,575
f	Has the plan falled to provide any benefit when due under the plan?		*****************************	101		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	id.)	10g	х				51,532
h	If this is an individual account plan, was there a blackout period? (S	ee instruc	tions and 29 CFR	Ť					
	2520.101-3.)	***********	*********************************	10h		х			
I	If 10h was answered "Yes," check the box if you either provided the	required	notice or one of the				KARI 48 KARI 48 KA		
14984	exceptions to providing the notice applied under 29 CFR 2520.101-	3	****************	101					
4	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							☐ Ye	s 🗓 No
11a	Enter the amount from Schedule SB line 39	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		_		11a			
12	is this a defined contribution plan subject to the minimum funding re						ERISA?	Ye	s X No
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a			200		<u>-</u>			***************************************
а	If a walver of the minimum funding standard for a prior year is being		······································	ione	and a	nter t	he date of th	e letter r	uline
	granting the waiver		Mor			_	y	Year _	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	5500), and skip to line 13.					·	
b	Enter the minimum required contribution for this plan year				ĺ	12h			

13a control to	Yes X	
13a control to	Yes X	
13a control to	Yes X	
13a control to	Yes X	
13a control		No
13a control		
1 _ 1 6		
Ye	s X No	
	100 LI	IV/A
	Ves I No I	N/A
124		
12r		
	12c	12d Yes No No