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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Id	entification Information				
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 1	12/31/2012	
A This ret	turn/report is for:	a single-employer plan a	multiple-employer p	lan (not multiemployer)	a one-p	articipant plan
B This ret	turn/report is:	the first return/report x th	ne final return/report		_	
	Ī	an amended return/report	short plan year retur	n/report (less than 12 mo	onths)	
C Check I	box if filing under:	Form 5558 a	utomatic extension		DFVC p	orogram
• • • • • • • • • • • • • • • • • • •		special extension (enter description)			ы.	
Part II	Basic Plan Inforn	<u> </u>				
			<u></u>		1b Three-digi	t
		PROFIT SHARING PLAN			plan numb	er
					· , ,	
						•
2a Plan si	nonsor's name and addre	ess: include room or suite number (em	olover if for a single-	-employer plan)	<u> </u>	
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 the first return/report is: the first return/report as short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan RI-STATE HYDROSEEDING, INC. PROFIT SHARING PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TRI-STATE HYDROSEEDING, INC. 2b Employer Identification Number (EIN) 82-0474400 2c Sponsor's telephone number 208-786-6600 2d Business code (see instructions) 115310 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 82-0474400						
					2c Sponsor's	telephone number
C Check box if filing under:						
A This return/report is for:						
		–	ne Same as Plar	n Sponsor Address		
RI-STATE H	YDROSEEDING, INC.		3839-0147		3c Administra	tor's telephone number
					20	8-786-6600
4 If the r	name and/or FIN of the n	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h EINI	
	•	,	t rotally roport mod it	or the plan, officer the	TO LIN	
a Spons	or's name				4c PN	
5a Total i	number of participants at	the beginning of the plan year			5a	2
b Total i	number of participants at	the end of the plan year			5b	0
		·	• '	•	5 0	0
	•					
						🛕 163 🗌 140
						X Yes No
If you	answered "No" to eith	er 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/repo	rt will be assessed	unless reasonable cau	use is establishe	d.
			as the electronic ver	sion of this return/report	t, and to the best	or my knowledge and
			07/04/0040	DALE OTEL/ENO		
	Filed with authorized/val	ild electronic signature.	07/31/2013			
712112	Signature of plan adn	ninistrator	Date	Enter name of individu	lual signing as pla	n administrator
Preparer's	name (including firm nam	ne, if applicable) and address; include	room or suite numbe	er (optional)	Preparer's telep	hone number (optional)

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information									
7			(a) Reginning of Yea	ır			(b) Fr	d of Y	ear	
		7a								0
	·		the time period described in ction Program)							
	·		247	0					()
							(h	Total		<u> </u>
	·		(a) Amount				(1)	Total		
		8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	2
	· · · · · · · · · · · · · · · · · · ·	8d	247	2						
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							247	2
i	Net income (loss) (subtract line 8h from line 8c)	8i					-2470			
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	-,								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Cod	es in	the insti	uctions	S:	
b		eature cod	es from the List of Plan Chara	cteristi	c Code	s in t	he instru	ctions:		
D = ==										
	•			1	,, T					
		ti a .a aitla i			Yes	NO		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
				10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d		-	· · · · · · · · · · · · · · · · · · ·	10d		X				
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X				
f	·					Χ				
					-+					
	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR							
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
		1-3		10i						
11								[Yes	No
<u>11a</u>	a Enter the amount from Schedule SB line 39						1			
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?									
a Total plan assets. 75										
	granting the waiver.		Mon		and en	_	e date d			ling
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	e MB (For	m 5500), and skip to line 13.		<u> </u>					
<u>b</u>	Enter the minimum required contribution for this plan year				1	2b				

	Form 5500-SF 2012 Page 3 - 1					
С	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?	X	res 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?			ol X Yes 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):	13c(2) E	IN(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Tressury Internal 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 Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(s) of

2012

OMB Nos. 1210-0110

1210-0089

Employee Sensite Security Administration		******	= "	Inspection				
Pension Benefit Gueranty Corporation	> Complete all entrice in ac	cordence with the instruct	ions to the Form 5500-	6F.				
Part I Annual Report Id	entification information		i de la constanta	12/21/2012				
For celender plan year 2012 or fleo	ei plan year beginning							
A This return/report is for:		<u>=</u>	n (not multiemployer)	a one-participant plan				
Part I Annual Report Identification Information For calender pien year 2012 or faced plan year beginning O1/01/2012 and entities A This return/report is for: A This return/report is for: A This return/report is for: I a named return/report is for: I an amended return/report I an amender plan TRI-STATE HYDROSEEDING, INC. PROFIT SHARING PLAN I the fine of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan) I Effective state of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan) I Effective state of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan) I Effective state of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan) I Effective state of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan) I Effective state of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan) I Effective state of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan) I Effective state of plan O1/01/1998 Za Plan aponacr's name and address, include recorn or aults number (employer, if for a single-employer plan I Effective state of plan O2/01/1		at a						
	an amended return/report	a short plan year return	report (less than 12 mor					
C Check box if filing under:	₩ ' * ' ' ' '	□ · · · ·		DFVC program				
Part II Basic Plan Infor	mation—enter all requested inf	ometion		1h Thronglight				
1a Name of pien TRI-STATE HYDROSEEDI	NG, INC. PROFIT SHAP	RING PLAN		plen number				
		er (employer, if for a single-c	employer plan)	2b Employer Identification Number (EIN) 82-0474400				
TRI-STATE HIDROSEEDI.	NG, INC.			26 Sponsor's telephone number				
PO BOX 147			-	* * * * * * * * * * * * * * * * * * * *				
KINGSTON	ID 83839-014	17						
3a Plan administrator's name and	address Same as Plan Sport	or Name Same as Plan	Sponsor Address					
			}					
	ID 83839-01 4 7			208-786~6600				
4 If the name and/or EIN of the	plan aponeor has changed since	the last return/report filed fo	this plan, enter the	4b EIN				
name, EIN, and the plan num	iber from the last return/report.			4c PN				
5s Total number of participents s	at the beginning of the plan year.			6a 2				
				5b 0				
 Number of participants with a 	ccount balances as of the end of	the plan year (defined bene-	lit piene do not	5c 0				
b Are you distining a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-45? (See instructions on weiver eligibility and conditions.)								
Caution: A penalty for the late o	r incomplete filing of this return	rvreport will be assessed u	niess reasonable caus	ie is established.				
SB or Schedule MB completed and	d signed by an enrolled <u>actual</u> y, a	se well as the electronic vars	eamined this return/repid ion of this return/report.	ort, including, if applicable, a Schedule and to the best of my knowledge and				
	Walker	7-26-13	Jeff Waechter					
HERE Signature of plan ad	Enter name of Individua	el signing as plan administrator						
BIGN Zetty W	Vuerta	7-2615	Jeff Waecheter					
HERE Signature of employ	er/plan eponeor	Date		at staning as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include room or suits number (aptional) Preparer's telephone number (aptional)								

For Paperwork Reduction Act Notice and CNIB Control Numbers, see the Instructions for Form 8660-SF.

Form 8600-8F (2012) v. 120126

Form 5500-SF 2012

						-		
خست ا	t ili Financial Information				1		(h) === ================================	
	Plan Assets and Liabilities		(a) Beginning of Yes	1 <u>r</u> 247	7.6		(b) End of Year	
	Total plan sesets	7a		44	4-			<u> </u>
	Total plan liabilities	7b		247	70		······································	—,
<u>C</u> _	Net plan assets (subtract line 7b from line 7s)	<u>7c </u>		24	4-			`
8_	income, Expenses, and Transfers for this Plan Year (a) Amour				+		(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	Ba(2)						-
	(3) Others (including rollovers)	8e(3)				:		
<u>h</u>	Other Income (loss)	8b			2			
	Total income (add lines 8e(1), 8e(2), 8e(3), and 8b)	8c		, , , , ,				
	Benefits paid (Including direct rollovers and Insurance premiums to provide benefits)	8d		247	72			
_	Certain deemed and/or corrective distributions (see instructions)	80			_			
Ť	Administrative service providers (sataries, fees, commissions)	81						_
_	Other expenses	Bg						
_	Total expenses (add lines 8d, 8e, 8f, and 8g)						24	472
 "	Net income (loss) (subtract line 8h from line 8c)	81					-24	470
÷	Transfers to (from) the plan (see instructions)					. : .		_
	(V Plan Characteristics	1 91			L		· · · · · · · · · · · · · · · · · · ·	_
9e	if the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chan	acteri:	ste Co	des In	the instructions:	
ь	If the plan provides welfere benefits, enter the applicable welfare for	sature cod	es from the List of Plan Chara	cterisi	ic Cod	les in 1	the Instructions:	
Par	t V: Compliance Questions	·					<u> </u>	
10	During the plan year:	-d dal- l-	4-4-1-1-1		Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	clary Corr	ection Program)	10a		x		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
¢	Was the plan covered by a fidelity bond?	**********		10c		X		
d	Did the plan have a lose, whether or not reimbursed by the plan's or dishonesty?		-	10d		x		
е	Were any fees or commissions pold to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the bend	fits under the plan? (See	10e		x		
1				10f		X		
	Did the plan have any participant loans? (If "Yes," enter amount as			100		X		
	If this is an individual account plan, was there a blackout period? (See Instru	ctions and 29 CFR			x		-
	2620.101-3.) If 10h was answered "Yes." check the box if you either provided the	e required	notice or one of the	10h				:
	exceptions to providing the notice applied under 29 CFR 2520.101	·		101		-		•
	VI Pension Funding Compliance	- 4. 0. // B						
11 —	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11st below)							No
	Enter the amount from Schedule SB line 39					11a		
12	is this a defined contribution plan subject to the minimum funding	_		OF SE	ction 2	02 of	ERISA? Yes X	No
	(if "Yee," complete line 12s or lines 12b, 12c, 12d, and 12e below.						L	
1	If a weiver of the minimum funding standard for a prior year is bein granting the weiver.				and a	nterth Dev		
	you completed line 12s, complete lines 3, 9, and 10 of Schedule	MB (For	n 6600), a nd skip to line 13.	n I			1 991	—
	Enter the minimum required contribution for this plan year				Т	12b		
								_

Page 2

p.4

	Form 5500-SF 2012	Page 3 -								
	Enter the amount contributed by the employer to the	ne plan for this plan year		120				-		
d	Subtract the amount in line 12¢ from the amount in	line 12b. Enter the result (enter a minus sign to the	left of a	120	ı					
9	Will the minimum funding amount reported on line	12d be met by the funding deadline?	(134			Y	8	No	N/A	
_	VII Plan Terminations and Transfers									
	Has a resolution to terminale the plan been adopted in		************	X	Y	es [No	i		
		everted to the employer this year							(
b	Were at the plan assets distributed to participants of the PBGC?	or beneficiaries, transferred to another plan, or brou	ght under the o	ninc	i			X Y	ıs No	
C	If during this plan year, any seeds or liabilities were which assets or liabilities were transferred. (See in	re transferred from this plan to another plan(s), identistructions.)	lify the plan(s) 1	0						
	1\$c(1) Name of plan(s):		1:	3e(2)) EIN(s)			13c(3) PN(e)		
					_					
						·				
Par	VIII Trust Information (optional)									
1000	Name of trust			14b	Tr	ust's	EIN			