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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Informatio	n				
For calend	ar plan year 2013 or fi	scal plan year beginning 01/0	01/2013	and ending	12/31/2	2013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan
	turn/report is:	the first return/report	the final return/report	, , ,			·
D IIIISTE	diffifeport is.	an amended return/report	=	n/report (less than 12 m	onthe)		
•				meport (less than 12 m	10111115)	_	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	_	special extension (enter de	' '				
Part II	Basic Plan Info	rmation—enter all requested	information				
1a Name	•				1b	Three-digit	
FREDERICK	(SONS B F GARBAGE	E 401K PLAN				plan number (PN) ▶	001
					10	Effective date of	
					'	01/01/	
2a Plan s	ponsor's name and ad	dress; include room or suite num	ber (employer, if for a single-	employer plan)	2b	Employer Identif	
	KSONS B F GARBAG			. , . ,		(EIN) 26-41	
					2c	Sponsor's telep	hone number
PO BOX 19	13					208-267	
	FERRY, ID 83805				2d	Business code (see instructions)
						56200	0
3a Plan a	dministrator's name ar	nd address Same as Plan Spo	nsor Name Same as Plar	Sponsor Address	3b	Administrator's I	
REDERICKS	SONS B F GARBAGE,	LLC PO BOX			2-	26-41	
		BONNE	RS FERRY, ID 83805		3C	Administrator's t	elephone number
						200 201	0000
4 If the r	name and/or EIN of the	e plan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b	EIN	
		mber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,			
a Spons	or's name				4c	PN	
5a Total i	number of participants	at the beginning of the plan yea	٢		5a		5
b Total i	number of participants	at the end of the plan year			5b		0
C Numb	er of participants with	account balances as of the end	of the plan year (defined bene	efit plans do not			
compl	lete this item)				5c		0
	•	s during the plan year invested ir	•				X Yes No
		f the annual examination and rep					X Yes □ No
		? (See instructions on waiver eligither line 6a or line 6b, the plar	· •				X Yes No
•		•					Nat datamasin ad
C if the p	Dian is a defined benef	it plan, is it covered under the Pl	BGC insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late	or incomplete filing of this retu	ırn/report will be assessed	unless reasonable ca	use is	established.	
		her penalties set forth in the inst					
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary	, as well as the electronic ver	sion of this return/repor	t, and	to the best of my	knowledge and
Deller, it is	· · · · · · · · · · · · · · · · · · ·	piete.	<u>, </u>	_			
SIGN	Filed with authorized/	valid electronic signature.	02/11/2014	RONALD R. FREDER	RICKS	ON	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sic	ıning as plan adn	ninistrator
SIGN	, , , , , , , , , , , , , , , , , , ,					, <u>J</u>	
HERE	0: 1 1						
		e of employer/plan sponsor Date Enter name of individuating firm name, if applicable) and address; include room or suite number (optional)					r or plan sponsor number (optional)
1 Topalei S	mame (molading mill)	iamo, ii applicable) and addiess,	molade room of suite numbe	ι (οριιστιαι)	l Teb	aror a tolephone	maniber (optional)
Ī							

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Do	t III Financial Information									
Pa	t III Financial Information		T							
7	an Assets and Liabilities (a) Beginning of Ye				(b) End of Year					
	Total plan assets	. 7a	2812	1					0	
	Total plan liabilities	7b	0040		-					
	Net plan assets (subtract line 7b from line 7a)	7c	2812	.1					0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	1550	0						
	(2) Participants	8a(2)		0						
	Others (including rollovers)									
	Other income (loss)	8b	330	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	8807	
	Benefits paid (including direct rollovers and insurance premiums	00						•	0001	
	to provide benefits)	8d	4692	5						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		3						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	6928	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-2	28121	
j	Transfers to (from) the plan (see instructions)	8i		0						
Pai	t IV Plan Characteristics									
9a	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 instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contribu			100		Х				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a						
	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										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	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? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?		Yes	X No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of t	he lett Year	er rulii	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.							
h	Enter the minimum required contribution for this plan year					12b				

Page	3 -	. 1	
raye	J		

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	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		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) to which assets or liabilities were transferred. (See instructions.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

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	art i		Identification Information								
-or	calend	dar plan year 2013 or f	r	01/01/2013	and ending	12/3	31/2013				
Α	This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	Пас	one-participant plan				
В	This re	eturn/report is:	the first return/report	X the final return/repor							
			an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)					
С	Check	box if filing under:	Form 5558	automatic extension			VC program				
			special extension (enter descrip	otion)		П	v o program				
Pa	art II	Basic Plan Info	rmation—enter all requested info			***************************************					
1a	Name	of plan	and an requested into	maton		1b Three	digit				
			arbage 401k Plan			1	number				
						(PN)					
							ive date of plan 1/2011				
2a	Plan s	ponsor's name and ad	dress; include room or suite number	(employer, if for a single	e-employer plan)		oyer Identification Number				
Fr	eder	icksons B F G	arbage, LLC	(grayar, miles a amigra	omployer plant	1	26-4199534				
DO	Dorr	1012				2c Spons	sor's telephone number				
		1913					267-3303				
Bo		s Ferry	ID 83805				ess code (see instructions)				
		dministrator's name ar		Name	n Sponsor Address	5620	istrator's EIN				
		icksons B F Ga	· ·	Traine Doane as Fia	ii opolisoi Addiess		1199534				
						3c Admin	istrator's telephone number				
PO	Box	1913				208-	267-3303				
_											
		s Ferry	ID 83805								
4	If the r	name and/or EIN of the	plan sponsor has changed since the plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN					
а		or's name	men from the last return/report.			4c PN					
5a	Total r	number of participants	at the beginning of the plan year			5a	en-				
			at the end of the plan year			5a 5b	5				
	Numb	er of participants with a	account balances as of the end of the	plan year (defined ben	efit plans do not	30	0				
	compl	ete this item)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************************	5c	0				
ба b	Were	all of the plan's assets	during the plan year invested in eligi	ble assets? (See instruc	ctions.)	*****************	X Yes No				
	under	29 CFR 2520.104-46?	the annual examination and report o (See instructions on waiver eligibility	t an independent qualific	ed public accountant (IQI	PA)	X Yes ☐ No				
i.	If you	answered "No" to eit	ther line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500.					
			t plan, is it covered under the PBGC				No Not determined				
			r incomplete filing of this return/re			L					
Unde	er pena	ilties of perjury and oth	er penalties set forth in the instruction	ns. I declare that I have	examined this return/ren	ort including	if applicable a Schodulo				
28 0	r Sche	dule MB completed an rue, correct, and comp	d signed by an enrolled actuary, as v	vell as the electronic ver	sion of this return/report,	and to the be	est of my knowledge and				
SIGN	L	Ronald R	Frederiliso	2/9/14	Ronald R. Fred	lericksor	1				
HER		Signature of plan ac	ministrator	Date	Enter name of individu	al signing as	plan administrator				
SIGN	GN Ronald R Fredorderon Ronald R. Fre					lericksor	1				
HER		Signature of employ	er/plan sponsor	Date 2/9/14	Enter name of individu	ıal signing as	employer or plan sponsor				
Prep	arer's r	name (including firm na	me, if applicable) and address; inclu	de room or suite numbe	r (optional)	Preparer's te	elephone number (optional)				
					1		1				
					The state of the s						

Pa	art III Financial Information				***************************************		
7	Plan Assets and Liabilities	1	(a) Beginning of Y		- T		ANT AND
а	Total plan assets	. 7a	(a) Deginining Of 1	281	21		(b) End of Year
b				201			
c		. 7c		281	21	***************************************	
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(L) T - 4 - 1
а	Contributions received or receivable from:		(a) Amount		_		(b) Total
***********	(1) Employers			155	00		
***	(2) Participants				0		
	(3) Others (including rollovers)	8a(3)			0		
	Other income (loss)	. 8b		33	07		
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					188
	to provide benefits)	. 8d		469:	25		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0	er e	
_	Administrative service providers (salaries, fees, commissions)	8f			3		
g	Other expenses	8g			0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				╅		160
	Net income (loss) (subtract line 8h from line 8c)	8i			\dashv		469: -281:
j	Transfers to (from) the plan (see instructions)	8i		****	0		201.
Par	t IV Plan Characteristics				<u> </u>		
9a b	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare to						
	If the plan provides welfare benefits, enter the applicable welfare fe	ature coo	es from the List of Plan Chara	acterist	tic Co	des in	the instructions:
Part	V Compliance Questions	***************************************					
10	During the plan year:				Yes	No	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		Х	Amount
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not i	nclude transactions reported	10b		Х	
С					Х	 	2000
d		idelity hor	od that was saved by family	10c		Х	2000
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)	er persons	by an insurance carrier,	10d 10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as					X	
h		See instruc	ctions and 29 CFR	10g		X	
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-	required	notice or one of the	10ii			
Part '				101	1		
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Y	es," see instructions and com	plete S	Sched	ule SE	3 (Form Yes No
11a	Enter the unpaid minimum required contribution for current year from	n Schedu	le SB (Form 5500) line 39	*********	T	11a	Yes No
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	nts of section 412 of the Code	or sec	tion 3		ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicat	ole.)				
а 	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized	d in this plan year, see instruc	tions, a	and e	nter th	Le date of the letter ruling Year
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	1 5500), and skip to line 13.				1001
b	Enter the minimum required contribution for this plan year	***************************************	***************************************			12b	

***		Form 5500-SF 2013 Page 3 -				
:						
∌ C	Ent	er the amount contributed by the employer to the plan for this plan year	12c	T		
₹d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?	I	Yes	□ No □	N/A
Part	VII	Plan Terminations and Transfers of Assets	1			INA
13a	Has	a resolution to terminate the plan been adopted in any plan year?	I X \	res 🗀 i	No	***************************************
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a	I		
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the e e PBGC?	control		X Yes	
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hassets or liabilities were transferred. (See instructions.)	to	<u> </u>	X Yes	No
1		Name of plan(s):	3c(2) EI	N(s)	13c(3)	PN(s)
				7 - (4)	100(0)	11(3)

programme and a supply						
may be						
Part '	VIII	Trust Information (optional)				
14a N		of truct	14b Tri	ust's EIN		

Company of the Compan