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

2013

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	ar plan year 2013 or	fiscal plan year beginning 01/01/201	3	and ending 1	12/31/	2013			
A This ret	turn/report is for:	🛚 a single-employer plan	a multiple-employer p	lan (not multiemployer)	r) a one-participant plan				
B This ret	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:		DFVC program	n					
	ŭ	special extension (enter description	on)						
Part II	Basic Plan Inf	ormation—enter all requested inform	·						
1a Name		Cinci an requested inform	adon		1b	Three-digit			
	FIDAHO 401(K) PLA	N				plan number			
						(PN) •	001		
					1c	Effective date of	•		
2a Plan s	noncor's name and a	address; include room or suite number (e	mployer if for a single	omployer plan)	2h	11/01/2			
		COMPANY OF IDAHO	imployer, ir for a single-	employer plan)	20	Employer Identification (EIN) 41-203			
					2c	Sponsor's teleph			
5256 FAIRV	IFW AVE					Openioon o telepin			
BOISE, ID 8					2d	Business code (s	ee instructions)		
						812990)		
3a Plan a	dministrator's name	and address 🏻 Same as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's E	IN		
					30	Administrator's to	Jonhono numbor		
					30	Administrator's te	nepriorie number		
		he plan sponsor has changed since the	ast return/report filed for	or this plan, enter the	4b	EIN			
	, EIN, and the plan h or's name	umber from the last return/report.			4c	PN			
		ts at the beginning of the plan year			5a		5		
_		ts at the end of the plan year			5b		7		
		n account balances as of the end of the			30				
			• •	•	5c		7		
6a Were	all of the plan's asse	ets during the plan year invested in eligib	le assets? (See instruc	etions.)			X Yes No		
		of the annual examination and report of					N		
		6? (See instructions on waiver eligibility either line 6a or line 6b, the plan cann					X Yes No		
		efit plan, is it covered under the PBGC in					Not determined		
C if the p	Dian is a defined ben	ent plan, is it covered under the PBGC in	isurance program (see	ERISA Section 4021)?	····· L	res Ino I	Not determined		
Caution: A	penalty for the late	e or incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	use is	established.			
		other penalties set forth in the instruction							
	edule MB completed true, correct, and cor	and signed by an enrolled actuary, as winglete.	ell as the electronic ver	sion of this return/report	t, and	to the best of my k	knowledge and		
,	I	·							
SIGN HERE	Filed with authorize	d/valid electronic signature.	02/21/2014	WES SEIDEMAN					
HEKE	Signature of plan	administrator	Date	Enter name of individ	ual siç	gning as plan admi	inistrator		
SIGN	Filed with authorize	d/valid electronic signature.	02/21/2014	KARL SEIDEMAN					
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual sig	gning as employer	or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address; include	le room or suite numbe			parer's telephone r			

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Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year						
a	Total plan assets	7a		9109			16328				
	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	910	9					16328		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal			
а	Contributions received or receivable from:		, ,								
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	872	27							
	(3) Others (including rollovers)	8a(3)		_							
	Other income (loss)	8b	184	.2							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10569		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	329	0							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	6	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3350)	
i	Net income (loss) (subtract line 8h from line 8c)	8i							7219)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 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	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions:			
Par	t V Compliance Questions										
10	•				Yes	No		A			
	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions withi	n the time period described in		163	140		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	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	or dishapanty?			10d		X					
—е	Were any fees or commissions paid to any brokers, agents, or oth			100							
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f							
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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		X					
Part	Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No	
11:	5500) and line 11a below)										
12											
12											
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 waiver.		Mon	ith		Day		Yea			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	•				12b					

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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Be	enent Guaranty Corporation	▶ Complete all entries	in accordan	ce with the instruc	ctions to the Form 550	0-SF.	
	art I		Identification Informat	tion				
For	calend	ar plan year 2013 or f	iscal plan year beginning	01/	01/2013	and ending		12/31/2013
		turn/report is for:	a single-employer plan	=		an (not multiemployer)		a one-participant plan
В	This ret	turn/report is:	the first return/report	∐ the	e final return/report			
			an amended return/repor	rt 🗌 asi	hort plan year retuп	n/report (less than 12 m	onths))
С	Check I	box if filing under:	Form 5558		tomatic extension			DFVC program
			special extension (enter	description)				
Pa	rt II	Basic Plan Info	ormation—enter all requeste	ed informatio	n			
1a	Name						1b	Three-digit
	TRES	CO of Idaho 4	01/k) Plan					plan number
	11(10)	oo or raano i	or(x) rran					(PN) ▶ 001
							1c	Effective date of plan
								11/01/2011
			ddress; include room or suite n	number (empl	loyer, if for a single-	employer plan)	2b	Employer Identification Number
	Trus: Idah		rvices Company of					(EIN) 41-2038096
	Tuair	O					2c	Sponsor's telephone number
	E 2 E 6	Fairview Ave						
	5250	raliview Ave	•8				2d	Business code (see instructions)
	Bois	e			ID	83707		812990
3a	Plan a	dministrator's name a	nd address Same as Plan S	Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's EIN
							0-	
							3C	Administrator's telephone number
_								
4			e plan sponsor has changed s		return/report filed for	or this plan, enter the	4b	EIN
a		, ⊑nv, and the plan nu or's name	mber from the last return/repo	ir t.			40	PN
_	20-34 D2-74		at the beginning of the plan y	loat .				
b			s at the end of the plan year				5a 5b	
			account balances as of the en				30	
			account balances as of the en				5c	
6a	Were	all of the plan's asset	s during the plan year invested	d in eligible a	ssets? (See instruc	tions.)		Yes No
b	Are yo	ou claiming a waiver o	of the annual examination and	report of an i	ndependent qualifie	ed public accountant (IQ	PA)	
			? (See instructions on waiver					
	-		either line 6a or line 6b, the p				_	
С	If the p	olan is a defined bene	fit plan, is it covered under the	PBGC insur	ance program (see	ERISA section 4021)?	·-· L	Yes No Not determined
Cau	ition: A	penalty for the late	or incomplete filing of this r	eturn/report	will be assessed	unless reasonable cau	ıse is	established.
Und	ler pena	alties of perjury and of	ther penalties set forth in the ir	nstructions, I	declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule
SB	or Sche	edule MB completed a	ind signed by an enrolled actua					to the best of my knowledge and
belie	ef, it is t	true, correct, and com	plete.					
SIG	N	61	The state of		2/18/14	Wes Seideman		
HEF		Signature of The	Allumen,				منم امد	naine no alon o desinistrator
7		Signature of plan a	iummistrator		Date		uai Sig	gning as plan administrator
SIGN 7/1 Karl Seideman								
		Signature of emplo		oou in al 1	Date			gning as employer or plan sponsor
Pre	parer s	name (including firm r	name, if applicable) and addre	ss; include ro	oom or suité numbé	r (optional)	Prep	parer's telephone number (optional)

Pa	rt III Financial Information									_
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End	of Yea	ır		_
	Total plan assets	7a		,109		3		16	, 32	8
	Total plan liabilities	7b								_
	Net plan assets (subtract line 7b from line 7a)	7c	C	,109			16,32			8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) T	otal			_
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)		U						_
	(2) Participants	8a(2)	8	3,727						_
	(3) Others (including rollovers)	8a(3)		0.40						- 0
<u>_b</u>	Other income (loss)	8b		,842				7.0	F.C	_
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					74.7	10	,56	9
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	3,290	telle					_
e	Certain deemed and/or corrective distributions (see instructions)	8e							1	_
f	Administrative service providers (salaries, fees, commissions)	8f		60						_
g	Other expenses	8g					MARK.		71.2	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3,35	_
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						7	,21	9
j	Transfers to (from) the plan (see instructions)	8j					SAL.			
Pai	t IV Plan Characteristics	13 1000								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature cod	les from the List of Plan Chara	acteristic	Codes in	n the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	cteristic	Codes in	the instruct	ions:			_
Par	Compliance Questions									_
10				Tv	es No	1	A			_
—a					X	<u> </u>	Amou	int		_
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest		yego uv	10a		 				_
	on line 10a.)			10b	Х					_
c	Was the plan covered by a fidelity bond?			10c	X					_
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.)	of the benef	fits under the plan? (See	10e	X					
f				10f	Х					_
q					Х	1				_
	If this is an individual account plan, was there a blackout period?	(See instruc	ctions and 29 CFR	10g 10h	X					
ī	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	10ii	X					
David	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		101						_
Part	The state of the s		(II !tt! d	mlata C	O	Ф./Голго				_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X No	<u>。</u>
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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.)									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		nd enter Day		the lett Year	er ruli	ng ———	_
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forn	n 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?		res 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?			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.)			
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	lame of trust	14b Trust's EIN		