## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

|                                    | art I  |  | Identification Information   |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|--|--|--|
| For                                | calenda  | ar plan year 2012 or fi  | scal plan year beginning 10/01/2   | 012<br>  | and ending   | 09/30/2013   |  |  |  |  |
| Α -                                | This ret   | turn/report is for:  | X a single-employer plan   |  | plan (not multiemployer)   | er) a one-participant plan   |  |  |  |  |
| В -                                | This ret   | turn/report is:  | the first return/report  | the final return/repor   | t  |  |  |  |  |  |
|                                    |  |  | an amended return/report   | a short plan year retu   | rn/report (less than 12 r  | nonths)  |  |  |  |  |
| C                                  | Check b  | box if filing under:   | X Form 5558  | automatic extension  |  | DI   | FVC program  |  |  |  |
|                                    |  |  | special extension (enter descrip   | otion)   |  |  |  |  |  |  |
| Pa                                 | rt II  | Basic Plan Info  | rmation—enter all requested info   | rmation  |  |  |  |  |  |  |
| 1a                                 | Name   | of plan  |  |  |  | 1b Thre  |  |  |  |  |
| THE                                | PEASL  | EY TRANSFER AND  | STORAGE COMPANY PROFIT SHA   | ARING AND RETIREME   | NT SAVINGS PLAN  |  | number   |  |  |  |
|                                    |  |  |  |  |  | (PN)   |  |  |  |  |
|                                    |  |  |  |  |  | IC Effect  | tive date of plan<br>10/01/1986  |  |  |  |
| 2a                                 | Plan sp  | ponsor's name and ad   | dress; include room or suite number  | (employer, if for a single   | e-employer plan)   | <b>2b</b> Empl   | loyer Identification Number  |  |  |  |
|                                    |  | RANSFER AND STO  |  |  | . , . ,  | (EIN)  | •  |  |  |  |
|                                    |  |  |  |  |  | 2c Spor  | nsor's telephone number  |  |  |  |
|                                    |  | CURTIS ROAD  |  |  |  |  | 208-375-0961   |  |  |  |
| BOIS                               | E, ID 8  | 3706-1433  |  |  |  | <b>2d</b> Busir  | ness code (see instructions)   |  |  |  |
| - 20                               | Disco  | destatate de de la   | - I - I - I - I - I - I - I - I - I - I  | По Ви  | O A .l.l   | 2h A.I   | 484120   |  |  |  |
| зa                                 | Plan a   | dministrator's name ar   | nd address XSame as Plan Sponso  | r Name Same as Pla   | an Sponsor Address   | 3D Admi  | inistrator's EIN   |  |  |  |
|                                    |  |  |  |  |  | <b>3c</b> Admi   | inistrator's telephone number  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |
| 4                                  |  |  | e plan sponsor has changed since th  | e last return/report filed   | for this plan, enter the   | 4b EIN   |  |  |  |  |
|                                    | name,  | , EIN, and the plan nui  | e plan sponsor has changed since th<br>mber from the last return/report.   | e last return/report filed   | for this plan, enter the   | _  |  |  |  |  |
|                                    | name,<br>Sponso  | , EIN, and the plan nui<br>or's name   |  | ·  | ·  | 4c PN  | 31   |  |  |  |
| _a                                 | name,<br>Sponso<br>Total r   | , EIN, and the plan nui<br>or's name<br>number of participants   | mber from the last return/report.  |  |  | 4c PN 5a   | 31   |  |  |  |
| <u>а</u><br>5а                     | name,<br>Sponso<br>Total r   | , EIN, and the plan nui<br>or's name<br>number of participants<br>number of participants                             | at the beginning of the plan year  |  |  | 4c PN 5a 5b  | 28   |  |  |  |
| a<br>5a<br>b                       | name,<br>Sponso<br>Total r<br>Total r<br>Numbe   | , EIN, and the plan nur<br>or's name<br>number of participants<br>number of participants<br>er of participants with  | at the beginning of the plan year  | e plan year (defined ber   | nefit plans do not   | 4c PN  | 28   |  |  |  |
| a<br>5a<br>b<br>c                  | name,<br>Sponso<br>Total r<br>Total r<br>Number<br>comple<br>Were  | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the  | e plan year (defined ber   | nefit plans do not   | 4c PN 5a 5b 5c   | 28   |  |  |  |
| a<br>5a<br>b<br>c                  | Total r Total r Number comple Were Are you   | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the  | e plan year (defined ber<br>gible assets? (See instru  | nefit plans do not   | 4c PN 5a 5b 5c SC  | 26 26  |  |  |  |
| a<br>5a<br>b<br>c                  | name,<br>Sponso<br>Total r<br>Total r<br>Number<br>comple<br>Were<br>Are younder                         | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the s during the plan year invested in eliging the annual examination and report of (See instructions on waiver eligibili  | e plan year (defined ber<br>gible assets? (See instru<br>of an independent qualif<br>ty and conditions.)   | nefit plans do not<br>nefitons.)   | 4c PN 5a 5b 5c SPA)  | 28 26  |  |  |  |
| 6a<br>b                            | name,<br>Sponso<br>Total r<br>Total r<br>Numbe<br>comple<br>Were<br>Are younder<br>If you                | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eligible fithe annual examination and report of the instructions on waiver eligibilities.   | e plan year (defined ber<br>gible assets? (See instru<br>of an independent qualif<br>ty and conditions.)<br>nnot use Form 5500-Sl  | nefit plans do not<br>octions.)ied public accountant (IC   | 4c PN 5a 5b 5c PPA)  | X Yes No   |  |  |  |
| a<br>5a<br>b<br>c                  | name, Sponso Total r Total r Numbe compl Were Are younder If you   | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eligible of the annual examination and report of the instructions on waiver eligibilicither line 6a or line 6b, the plan ca or incomplete filing of this return/  | e plan year (defined ber<br>gible assets? (See instru<br>of an independent qualif<br>ty and conditions.)<br>nnot use Form 5500-SI<br>report will be assessed   | nefit plans do not sctions.)   | 4c PN 5a 5b 5c PPA) Form 5500 use is estab   | 28 26  |  |  |  |
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| a 5a b c C Gau                     | Total r Total r Number comple Were Are younder If you etion: A ler penalor Scheef, it is t               | EIN, and the plan numor's name number of participants number of participants er of participants with lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance second balances or line 6b, the plan cate or incomplete filing of this return/second balances set forth in the instruction of signed by an enrolled actuary, as plete.  | e plan year (defined ber<br>gible assets? (See instru-<br>of an independent qualif<br>ty and conditions.)<br>nnot use Form 5500-SI<br>report will be assessed<br>ons, I declare that I have<br>well as the electronic ve | nefit plans do not  actions.)  ied public accountant (IGF and must instead used unless reasonable care examined this return/report this return/rep | 4c PN 5a 5b 5c  QPA)  Form 5500 use is estab eport, includir rt, and to the  | 28  26   |  |  |  |
| a 5a b c C Gau                     | Total r Total r Number comple Were Are younder If you  Intion: A  Interpenator Scheef, it is t           | EIN, and the plan numor's name number of participants number of participants er of participants with lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance second balances or line 6b, the plan cate or incomplete filing of this return/second balances set forth in the instruction of signed by an enrolled actuary, as plete.  | e plan year (defined bergible assets? (See instruof an independent qualif ty and conditions.)nnot use Form 5500-SI report will be assessed ons, I declare that I have well as the electronic ve                          | nefit plans do not  actions.)  ied public accountant (IGF and must instead used unless reasonable care examined this return/report this return/rep | 4c PN 5a 5b 5c  QPA)  Form 5500 use is estab eport, includir rt, and to the  | 26   |  |  |  |
| a 5a b c C Gau                     | name, Sponsor Total r Total r Numbo comple Were Are younder If you stion: A ler penalor Sche ef, it is t | EIN, and the plan numor's name number of participants number of participants er of participants with lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance se | e plan year (defined ber gible assets? (See instru of an independent qualif ty and conditions.) nnot use Form 5500-Si report will be assessed ons, I declare that I have well as the electronic ve                       | nefit plans do not  nections.)  ied public accountant (IC  F and must instead use a examined this return/repo  EMMETT HERNDON  Enter name of individent  | 4c PN 5a 5b 5c  QPA)  Form 5500 use is estable port, includir rt, and to the   | 28  26  X Yes No  X Yes No  Dished.  No, if applicable, a Schedule best of my knowledge and  as plan administrator |  |  |  |
| a 5a b c c 6a b SB G belie SIG HEF | Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE          | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the second balance se | e plan year (defined ber gible assets? (See instru of an independent qualif ty and conditions.) nnot use Form 5500-SI report will be assessed ons, I declare that I have well as the electronic ve                       | nefit plans do not  actions.)  ied public accountant (IC  F and must instead use a examined this return/report  EMMETT HERNDON  Enter name of individent   | 4c PN 5a 5b 5c DPA) Form 5500 use is estable port, includiret, and to the dual signing addual si | 26   |  |  |  |
| a 5a b c c 6a b SB G belie SIG HEF | Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE          | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the second the annual examination and report (See instructions on waiver eligibility of the plan cate or incomplete filing of this return/her penalties set forth in the instruction signed by an enrolled actuary, as plete.  (Valid electronic signature.  (Valid sponsor  | e plan year (defined ber gible assets? (See instru of an independent qualif ty and conditions.) nnot use Form 5500-SI report will be assessed ons, I declare that I have well as the electronic ve                       | nefit plans do not  actions.)  ied public accountant (IC  F and must instead use a examined this return/report  EMMETT HERNDON  Enter name of individent   | 4c PN 5a 5b 5c DPA) Form 5500 use is estable port, includiret, and to the dual signing addual si | 28  26  X Yes No  X Yes No   |  |  |  |
| a 5a b c c 6a b SB G belie SIG HEF | Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE          | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the second the annual examination and report (See instructions on waiver eligibility of the plan cate or incomplete filing of this return/her penalties set forth in the instruction signed by an enrolled actuary, as plete.  (Valid electronic signature.  (Valid sponsor  | e plan year (defined ber gible assets? (See instru of an independent qualif ty and conditions.) nnot use Form 5500-SI report will be assessed ons, I declare that I have well as the electronic ve                       | nefit plans do not  actions.)  ied public accountant (IC  F and must instead use a examined this return/report  EMMETT HERNDON  Enter name of individent   | 4c PN 5a 5b 5c DPA) Form 5500 use is estable port, includiret, and to the dual signing addual si | 28  26  X Yes No  X Yes No   |  |  |  |
| a 5a b c c 6a b SB G belie SIG HEF | Total r Total r Number compl Were Are younder If you attion: A ler penalor Scheef, it is t N RE          | EIN, and the plan number of participants number of participants er of participants with lete this item)              | at the beginning of the plan year at the end of the plan year account balances as of the end of the second the annual examination and report (See instructions on waiver eligibility of the plan cate or incomplete filing of this return/her penalties set forth in the instruction signed by an enrolled actuary, as plete.  (Valid electronic signature.  (Valid sponsor  | e plan year (defined ber gible assets? (See instru of an independent qualif ty and conditions.) nnot use Form 5500-SI report will be assessed ons, I declare that I have well as the electronic ve                       | nefit plans do not  actions.)  ied public accountant (IC  F and must instead use a examined this return/report  EMMETT HERNDON  Enter name of individent   | 4c PN 5a 5b 5c DPA) Form 5500 use is estable port, includiret, and to the dual signing addual si | 28  26  X Yes No  X Yes No   |  |  |  |

Form 5500-SF 2012 Page **2** 

| Pa         | rt III Financial Information  |             |                                  |         |                 |                  |              |               |       |      |     |
|------------|---|-------------|----------------------------------|---------|-----------------|------------------|--------------|---------------|-------|------|-----|
| 7          | Plan Assets and Liabilities   |             | (a) Reginning of Ver             |         |                 |                  | (b) End      | of Va         |       |      |     |
|            |   | 7-          | (a) Beginning of Yea             |         | (b) End of Year |                  |              |               |       |      |     |
| _ <u>a</u> | Total plan liabilities  |             |                                  |         |                 |                  |              | 8             | 8748  | )    |     |
|            | Total plan liabilities  |             |                                  |         |                 |                  |              |               | 0740  | _    |     |
|            | ,   | 7c          | 96003                            | 3       |                 |                  | 987485       |               |       |      |     |
| 8          | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:   |             | (a) Amount                       |         |                 |                  | (b) T        | otai          |       |      |     |
| u          | (1) Employers   | 8a(1)       | 1966                             | 3       |                 |                  |              |               |       |      |     |
|            | (2) Participants  | 8a(2)       | 3360                             | )8      |                 |                  |              |               |       |      |     |
|            | (3) Others (including rollovers)  | 8a(3)       | 3420                             | )6      |                 |                  |              |               |       |      |     |
| b          | Other income (loss)   | 8b          | 14444                            | 18      |                 |                  |              |               |       |      |     |
| С          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c          |                                  |         |                 |                  |              | 2             | 31925 | 5    |     |
| d          | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d          | 19814                            | 8       |                 |                  |              |               |       |      |     |
| е          | Certain deemed and/or corrective distributions (see instructions)   | 8e          |                                  |         |                 |                  |              |               |       |      |     |
| f          | Administrative service providers (salaries, fees, commissions)  | 8f          | 632                              | 7       |                 |                  |              |               |       |      |     |
| g          | Other expenses  | 8g          |                                  |         |                 |                  |              |               |       |      |     |
| h          | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h          |                                  |         |                 |                  |              | 2             | 0447  | 5    |     |
| i          | Net income (loss) (subtract line 8h from line 8c)   | 8i          |                                  |         |                 |                  |              |               | 2745  | 0    |     |
| j          | Transfers to (from) the plan (see instructions)   | 8j          |                                  |         |                 |                  |              |               |       |      |     |
| Pa         | rt IV Plan Characteristics  | ,           | I                                |         |                 |                  |              |               |       |      |     |
| 9a         | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 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 Coc          | les in t         | he instructi | ons:          |       |      |     |
| Par        | t V Compliance Questions  |             |                                  |         |                 |                  |              |               |       |      |     |
| 10         |   |             |                                  |         | Yes             | No               |              | A             |       |      |     |
| 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   | l l     | 103             | 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                |              |               |       |      |     |
| С          | Was the plan covered by a fidelity bond?  |             |                                  | 10c     | X               |                  |              |               |       | 500  | 000 |
| d          | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  |             |                                  | 10d     |                 | X                |              |               |       | 300  | 000 |
|            | Were any fees or commissions paid to any brokers, agents, or oth  |             |                                  | iou     |                 |                  |              |               |       |      |     |
| ·          | insurance service or other organization that provides some or all of  | of the bene | efits under the plan? (See       |         | ~               |                  |              |               |       |      |     |
|            | instructions.)  |             |                                  | 10e     | X               |                  |              |               |       | 1    | 653 |
| 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     |                 | 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     |                 |                  |              |               |       |      |     |
| Par        | VI Pension Funding Compliance   |             |                                  |         |                 |                  | •            |               |       |      |     |
| 11         | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  | ,           |                                  | •       |                 |                  | •            | П             | Yes   | X    | No  |
| 11:        | Enter the amount from Schedule SB line 39   |             |                                  |         |                 | 11a              |              |               |       |      |     |
| 12         | Is this a defined contribution plan subject to the minimum funding  |             |                                  |         |                 |                  | FRISA2       | П             | Yes   | X    | No  |
| 12         | · · · · · ·   | •           |                                  | , or se | ouOII (         | JUZ UI           | LINIOM!      | ш             | 100   | ^    |     |
| a          | (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 beir granting the waiver. | ng amortiz  | ed in this plan year, see instru |         | and e           | enter the<br>Day | ne date of t | ne let<br>Yea |       | ling |     |
| ———        | you completed line 12a, complete lines 3, 9, and 10 of Schedule   |             |                                  |         |                 | ⊔ay              |              | ıed           |       |      |     |
|            | Enter the minimum required contribution for this plan year  | •           | •                                |         |                 | 12b              |              |               |       |      |     |
|            | = are minimum required continuation for this plant year   |             |                                  |         |                 |                  | •            |               |       |      |     |

|      | Form 5500-SF 2012 Page <b>3</b> - 1  |                  |            |                     |
|------|--|------------------|------------|---------------------|
|      | 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 <b>3c(2)</b> E | IN(s)      | <b>13c(3)</b> PN(s) |
| Part | VIII Trust Information (optional)  |                  |            |                     |
|      | Name of trust  | <b>14b</b> ⊤     | rust'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).

2012

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

| Pension Be  | enefit Guaranty Corporation           | ► Complete all entries in ac   | cordance with the inst        | tructions to the Form 5500            | SF.   |   |                                      |  |  |  |
|---|---------------------------------------|--|-------------------------------|---------------------------------------|---|---|--------------------------------------|--|--|--|
| Part I  | Annual Report                         | Identification Information   |                               |                                       |   |   |                                      |  |  |  |
| For calenda   | ar plan year 2012 or fis              | cal plan year beginning  | 10/01/2012                    | and ending                            |   | 09/30/2013  | ,                                    |  |  |  |
| A This ret  | urn/report is for:                    | er plan (not multiemployer)  |                               | a one-participa                       | nt plan   |   |                                      |  |  |  |
| <b>B</b> This ret   | urn/report is:                        | ort  |                               |                                       |   |   |                                      |  |  |  |
|   |                                       | an amended return/report   | a short plan year re          | eturn/report (less than 12 mo         | onths)  |   |                                      |  |  |  |
| C Check I   | box if filing under:                  |  | automatic extensio            | n                                     |   | 1   |                                      |  |  |  |
|   |                                       | special extension (enter desc  | ription)                      |                                       |   |   |                                      |  |  |  |
| Part II   | Basic Plan Info                       | rmation—enter all requested in   | formation                     |                                       |   |   |                                      |  |  |  |
| 1a Name   |                                       |  |                               |                                       |   | hree-digit  |                                      |  |  |  |
|   |                                       | fer and Storage Comp   |                               |                                       |   | lan number  | 003                                  |  |  |  |
| Profit Sharing and Retirement Savings Plan  |                                       |  |                               |                                       |   | (PN) ► 003  Effective date of plan 10/01/1986                               |                                      |  |  |  |
| 2a Plan s   | noncor's name and ad-                 | dress; include room or suite numb  | per (employer if for a single | ale employer plan)                    |   |   | nation Number                        |  |  |  |
| Peas  | ley Transfer a                        |  | er (employer, in lor a sing   | gie-employer plan)                    | <b>2b</b> Employer Identification Number (EIN) 82-0186507 |   |                                      |  |  |  |
| Comp  | any                                   |  |                               |                                       |   | Sponsor's telephone number (208) 375-0961  Business code (see instructions) |                                      |  |  |  |
| 111   | North Curtis I                        | Road   |                               |                                       | <u>`</u>  |   |                                      |  |  |  |
| Bois  | Δ                                     |  |                               | ID 83706-1433                         |   | 84120   | ,                                    |  |  |  |
|   |                                       | d address XSame as Plan Spon   |                               |                                       | 3b A  | dministrator's El   | N                                    |  |  |  |
|   |                                       | plan sponsor has changed since   | the last return/report file   | ed for this plan, enter the           | 4b E  | EIN   |                                      |  |  |  |
|   | , EiN, and the plan nur<br>or's name  | nber from the last return/report.  |                               |                                       | 4c F  | >N  |                                      |  |  |  |
|   | · · · · · · · · · · · · · · · · · · · | at the beginning of the plan year.   |                               |                                       | 5a  | N   | 31                                   |  |  |  |
| _   | • •                                   | at the end of the plan year  |                               |                                       | 5b  |   | 28                                   |  |  |  |
|   | • •                                   | account balances as of the end of  |                               |                                       | 00  | <b></b>   |                                      |  |  |  |
|   |                                       |  |                               | •                                     | 5c  |   | 26                                   |  |  |  |
|   |                                       | during the plan year invested in o   |                               |                                       |   |   | Yes No                               |  |  |  |
|   |                                       | the annual examination and repo  |                               |                                       |   |   | ⊠ Yes ∏ No                           |  |  |  |
|   |                                       | ? (See instructions on waiver eligil<br>ther line 6a or line 6b, the plan  | •                             |                                       |   |   | A 100 L 100                          |  |  |  |
|   |                                       | or incomplete filing of this retur   |                               |                                       |   |   |                                      |  |  |  |
| Under pena<br>SB or Sche  | alties of perjury and oth             | ner penalties set forth in the instru<br>nd signed by an enrolled actuary, | ctions, I declare that I ha   | ave examined this return/rep          | ort, incl   | luding, if applicat   |                                      |  |  |  |
| SIGN  | immette 14                            | inh  | 6/12/14                       | Emmett Herndon                        | 1   |   |                                      |  |  |  |
| HERE  | Signature of plan a                   | dministrator   | Date                          | Enter name of individu                | ual signi   | nistrator   |                                      |  |  |  |
| SIGN  |                                       |  |                               |                                       |   |   |                                      |  |  |  |
| HERE  |                                       | idual cigning as ampleyer or plan aponger                                  |                               |                                       |   |   |                                      |  |  |  |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) |                                       |  |                               |                                       |   | ng as employer  | or plan sponsor                      |  |  |  |
| Preparer's  |                                       |  | Date nclude room or suite nun | Enter name of individumber (optional) |   |   | or plan sponsor<br>number (optional) |  |  |  |

|   | t III Financial Information  |  |  |  |         |  |                              |
|---|--|--|--|--|---------|--|------------------------------|
| 7   | Plan Assets and Liabilities  |  | (a) Beginning of Yea   | r                                      |         |  | (b) End of Year              |
| a   | Total plan assets  | 7a   |  | ,03                                    | 5       |  | 987 <b>,</b> 485             |
| b   | Total plan liabilities   | 7b   |  |  |         |  |                              |
| С   | Net plan assets (subtract line 7b from line 7a)  | 7c   | 960  | ,03                                    | 5       |  | 987,485                      |
| 8   | Income, Expenses, and Transfers for this Plan Year   |  | (a) Amount   |  |         |  | (b) Total                    |
| а   | Contributions received or receivable from:   | 10   | ,66  | 3                                      |         |  |                              |
|   | (1) Employers  | yels   |  |  |         |  |                              |
|   | (2) Participants   | 1  |  | ,20                                    |         |  |                              |
|   | (3) Others (including rollovers)   | 8a(3)<br>8b  |  | , 44                                   |         |  |                              |
| <del></del>   | Other income (loss)  | 8c   |  |  |         |  | 231,925                      |
|   | Benefits paid (including direct rollovers and insurance premiums   |  |  |  | +-      |  |                              |
|   | to provide benefits)   | 8d   | 198  | 3,14                                   | 8       |  |                              |
| е   | Certain deemed and/or corrective distributions (see instructions)  | 8e   |  |  |         |  |                              |
| f   | Administrative service providers (salaries, fees, commissions)   | 8f   | (  | 5,32                                   | :7      |  |                              |
| g   | Other expenses   | 8g   |  |  |         |  | 004 475                      |
| <u>h</u>  | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h   |  |  | -       |  | 204,475                      |
| <u>i</u>  | Net income (loss) (subtract line 8h from line 8c)  | 8i <u></u>   |  |  |         |  | 27,450                       |
| <u>j</u>  | Transfers to (from) the plan (see instructions)  | 8j   |  |  |         |  |                              |
| b<br>Par  | If the plan provides welfare benefits, enter the applicable welfare f  | eature codes   | s from the List of Plan Charac   | cterist                                | ic Cod  | les in ti                                | ne instructions:             |
| 10  | During the plan year:  |  |  |  | Yes     | No                                       | Amount                       |
| 8   |  | utions within  | the time period described in   |  |         |  |                              |
| E   |  |  |  | 10a                                    |         | Х  |                              |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  | uciary Correct? (Do not in   | ction Program) clude transactions reported   | 10a<br>10b                             |         | x<br>x                                   |                              |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  | uciary Correct? (Do not in   | ction Program)<br>clude transactions reported  |  | Х       |  | 500,000                      |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  | t? (Do not in  | ction Program) clude transactions reported   | 10b                                    | Х       |  | 500,000                      |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  | t? (Do not in-   | clion Program)   | 10b<br>10c                             | V       | х  | 500,000<br>1,653             |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  | t? (Do not in-   | d, that was caused by fraud by an insurance carrier, ts under the plan? (See   | 10b<br>10c<br>10d                      | V       | х  |                              |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  | t? (Do not in-   | d, that was caused by fraud by an insurance carrier, ts under the plan? (See   | 10b<br>10c<br>10d<br>10e<br>10e        | V       | Х  |                              |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period?   | t? (Do not in serious fidelity bonomers of the benefit an?   | d, that was caused by fraud by an insurance carrier, ts under the plan? (See   | 10b<br>10c<br>10d                      | V       | X  |                              |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  | tree instructions of the benefit an?   | d, that was caused by fraud by an insurance carrier, ts under the plan? (See   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g | V       | X<br>X<br>X                              |                              |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate 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 to exceptions to providing the notice applied under 29 CFR 2520.10  | tree instructions of the benefit an?   | d, that was caused by fraud by an insurance carrier, ts under the plan? (See   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g | V       | X<br>X<br>X                              |                              |
|   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate 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 to exceptions to providing the notice applied under 29 CFR 2520.10  | uciary Correct? (Do not in the persons of the benefit an? as of year er (See instruction of the persons of the persons of the benefit answers of the persons of the benefit answers of the persons of the | ction Program)   | 10b 10c 10d 10e 10f 10g 10h 10l        | X       | X X X X                                  | 1,653                        |
| f G F F F F F F F F F F F F F F F F F F                         | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan bid 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 2520.101.  It is a defined benefit plan subject to minimum funding requirements.   | uciary Correct? (Do not in- t? (Do not in- s fidelity bono her persons of the benefit an? as of year er (See instruct the required 01-3  | clion Program)   | 10b 10c 10d 10e 10f 10g 10h 10l        | X       | X X X X                                  | 1,653                        |
| f G F F F F F F F F F F F F F F F F F F                         | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat bid 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 2520.101.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If this is a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  | uciary Correct? (Do not in- t? (Do not in- s fidelity bono her persons of the benefi an? as of year er (See instruct the required of 1-3   | clion Program)   | 10b 10c 10d 10e 10f 10g 10h 10l        | Schee   | X X X X X 11a                            | 1,653                        |
| f   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at 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 to 11 to 12 period 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   | uciary Correct? (Do not in the persons of the benefit an?  as of year erect (See instruct the required to 1-3  | cliude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr   | 10b 10c 10d 10e 10f 10g 10h 10i        | X       | X X X X A A A A A A A A A A A A A A A A  | 3 (Form Yes ☑ No             |
| f   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat of 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 to 1.3 t | uciary Correct? (Do not in- s fidelity bono her persons of the benefit an? as of year er (See instruct the required 01-3 ments? (If "You g requirement v, as applicat ing amortized  | cliude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See dd.) tions and 29 CFR notice or one of the es," see instructions and com   | 10b 10c 10d 10e 10f 10g 10h 10l        | X       | X  X  X  X  X  A  A  A  A  A  A  A  A  A | 3 (Form Yes No ERISA? Yes No |
| f   | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plant 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  If this a defined benefit plan subject to minimum funding required to 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 beingranting the waiver.   | uciary Correct? (Do not in- t? (Do not in- s fidelity bonce her persons of the benefit an? as of year er (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the persons of the benefit an? (See instruction of the benefit an? (See instruction of the benefit and the persons of the persons of the benefit and the persons of the per | clion Program)   | 10b 10c 10d 10e 10f 10g 10h 10l        | X       | X X X X A A A A A A A A A A A A A A A A  | 3 (Form Yes ☑ No             |
| Far   11   11   12   12   14   15   15   15   15   15   15   15 | Were there any nonexempt transactions with any party-in-interes on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plat of 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 to 1.3 t | uciary Correct? (Do not income the persons of the benefit an?  as of year er (See instruction of the persons of the persons of the benefit an?  as of year er (See instruction of the persons of the persons of the persons of the benefit an?  as of year er (See instruction of the persons of th | clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See  ad.)  itions and 29 CFR  notice or one of the  ass," see instructions and corr  ats of section 412 of the Code ble.) d in this plan year, see instructions and skip to line 13. | 10b 10c 10d 10e 10f 10g 10h 10i nplete | X Schee | X  X  X  X  X  A  A  A  A  A  A  A  A  A | 3 (Form Yes No ERISA? Yes No |

|  | Form 5500-SF 2012   | Page 3 -                             |                   |                    |       |          |           |  |
|--|---|--------------------------------------|-------------------|--------------------|-------|----------|-----------|--|
| <del></del>  | Enter the amount contributed by the employer to the plan for this pla   | n year                               |                   | 12c                |       |          |           | اسبيد  |
| d  | Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)  | e result (enter a minus sign to the  | e left of a       | 12d                |       |          |           |  |
| 8  | Will the minimum funding amount reported on line 12d be met by the  | e 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?   |                                      |                   | \ \ \ \            | 'es X | No       |           |  |
|  | If "Yes," enter the amount of any plan assets that reverted to the em   | ployer this year                     |                   | 13a                |       |          |           |  |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? |   |                                      |                   |                    |       |          | ∕es 🏻 N   | lo   |
| С  | If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.) | n this plan to another plan(s), ider | ntify the plan(s) | to                 |       |          |           |  |
| -  | 13c(1) Name of plan(s):   |                                      | 1                 | 13c(2) EIN(s) 13c( |       |          | c(3) PN(s | <u>)                                    </u> |
|  |   |                                      |                   |                    |       |          |           |  |
| Part   | t VIII Trust Information (optional)   |                                      |                   |                    |       | <u> </u> |           |  |
| 14a Name of trust  |   |                                      |                   | 14b Trust's EIN    |       |          |           |  |
|  |   |                                      |                   |                    |       |          |           |  |
|  |   |                                      |                   |                    |       |          |           |  |