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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guara	anty Corporation	➤ Complete all entries in ac	cordance wit	h the instructions to the Form 550	0-SF.				
			dentification Information							
For	calendar plan y	ear 2009 or fisc	cal plan year beginning 08/01/	/2009	and ending	07/31/2	2010			
Α.	This return/repo	ort is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
	This return/report is for: first return/report final return/report									
			an amended return/report	short plai	n year return/report (less than 12 mo	nths)				
С	Check box if filir	na under:	Form 5558	automatio	cextension		DFVC progra	am		
		.g aao	special extension (enter description)				_ · ·			
Do	rt II Baci	o Blon Infor								
		C Plan inion	mation—enter all requested inf	ormation		1h	Throo digit			
	Name of plan) INIC 401(K) DI	ROFIT SHARING PLAN AND TR	LICT		ID	Three-digit plan number			
WOIN	ISON I ROIT CO	5 INC 40 I(IX) I I	KOTT STAKING LAN AND TK	.001			(PN) ▶	001		
						1c	Effective date of	f plan		
							08/01/			
2a	Plan sponsor's	name and add	ress (employer, if for single-emplo	oyer plan)		2b	Employer Ident	fication Nu	mber	
MON	ISON FRUIT CO	O INC					(EIN) 91-149			
						2c	Plan sponsor's		number	
	NORTH RUSHN AH, WA 98942-(24	Business code	7-9175	otiona)	
	,					Zu	111300		Juoris)	
3a	Plan administra	ator's name and	d address (if same as Plan spons	or, enter "Sam	e")	3b	Administrator's			
	ISON FRUIT CO		252 NOF	RTH RUSHMO	RE ROAD		91-149			
			SELAH,	WA 98942-000	JO	3с	3c Administrator's telephone number 509-697-9175			
4 1	f the name and	/or FINI of the ol	an ananar has shanged since th	a laat ratura/ra	aport filed for this plan, optor the	416		7-9175		
			an sponsor has changed since the er from the last return/report. Spo		eport filed for this plan, enter the	4b EIN				
•	,,	tiro piari riarriz	or more and recent property open.			4c	4c PN			
5a	Total number of	of participants a	at the beginning of the plan year			5a	3			
b	Total number of	of participants a	at the end of the plan year			5b			48	
С					year (defined benefit plans do not	36				
						5c			18	
6a	Were all of the	e plan's assets	during the plan year invested in e	ligible assets?	(See instructions.)			X Yes	No No	
	Are you claimi	ng a waiver of t	he annual examination and repor	t of an indepe	ndent qualified public accountant (IC	PA)			_	
			,	•	ions.)			X Yes	No No	
-				se Form 5500-	SF and must instead use Form 55	500.				
Pa	rt III Fina	ncial Inform	ation							
7	Plan Assets ar	nd Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan asse	ets		7a	28963	8			329085	
b	Total plan liabi	ilities		7b					115	
С	Net plan asset	s (subtract line	7b from line 7a)	7с	28963	8			328970	
8	Income, Exper	nses, and Trans	sfers for this Plan Year		(a) Amount		(b)	Total		
а		received or rece								
						_				
					4211	3				
_	(3) Others (including rollovers)									
b	Other income	(loss)		8b	2816	i6				
С			, 8a(2), 8a(3), and 8b)						70279	
d	, ,		rollovers and insurance premium	ns 8d	3083	2				
е			ctive distributions (see instructions							
f										
g g		·								
9 h	·		8e, 8f, and 8g)						30947	
;			=:						39332	
' :			e 8h from line 8c)ee instructions)						55002	
J	TIGITOTO TO (II	ioni, ine pian (S	,	8i	İ					

Part IV	Plan	Charac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D

D '	11 1111	s plan provides wellare benefits, effer the applicable wellare heatc	are codes from the	List of Flair Chara	Cleris	lic Co	163 III I	ine mstruc	MONS.			
Part	٧	Compliance Questions										
10	During the plan year:								Amoun	t		
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar		10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)											
С	Wa	s the plan covered by a fidelity bond?		10c	X				35000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	X				50326		
h		is is an individual account plan, was there a blackout period? (See			10h		X					
i		Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part '	VI	Pension Funding Compliance										
11	ls th 550	is a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see ins	tructions and com	plete	Schec	lule SB	3 (Form	Ye	es X No		
12	ls t	nis a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No		
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,									
		waiver of the minimum funding standard for a prior year is being an nting the waiver										
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Day		Teal			
		er the minimum required contribution for this plan year		-			12b					
		er the amount contributed by the employer to the plan for this plan				1	12c					
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a mine	us sign to the left	of a		12d					
е	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?					Yes	No	N/A		
Part \	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					☐ Ye	es X No		
	If "Y	es," enter the amount of any plan assets that reverted to the empl	over this vear				13a					
	Wei	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Ye	es X No		
	C 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.)											
13	13c(1) Name of plan(s):						c(2) El	N(s)	13c	(3) PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	ıse is	establ	ished.	1			
Under SB or	per Sch	nalties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	ırn/rep	oort, ir	cludin	g, if applic				
SIGN	F	iled with authorized/valid electronic signature.	12/30/2010	ASSOCIATED PE	ENSIC	ON CO	NSUL [*]	TANTS				
HERE	- [Signature of plan administrator Date Enter name of in				dividual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-\$F

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 section 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

2009

This Form Is Open to Public Inspection.

P	art I Annual Repor	rt Identification Information	1							
		or fiscal plan year beginning		1/2009	and ending	07/31	/2010			
Α	This return/report is for:	x single-employer plan	multiple-ei	mployer plan (n	ot multiemployer)	On	e-participant plan			
_	This return/report is for:	first return/report	final return	/report	, , ,		- Paris a Paris Paris			
	,	an amended return/report	H	•	ort (less than 12 mont)	ne)				
_	Check box if filing under:	Form 5558	automatic		or (1000 than 12 month		FVC program			
	Check box it thing under:	H		extension			vo program			
W-11-41	Santa	special extension (enter descrip								
_		formation enter all requested in	nformation.			4 h =				
ıa	Name of plan					1b Three plan	e-digit number			
	MONSON FRUIT CO INC	: 401(K) PROFIT SHARING PI	AN AND TRU	JST		(PN)				
							tive date of plan			
Za	Plan sponsor's name and ad	dress (employer, if for single-employer	r plan)			 	01/1997 oyer Identification Number			
	MONSON FRUIT CO INC		- p.a,			(EIN) 91-1496092				
	252 NORTH RUSHMORE	DOND				2c Plan sponsor's telephone number				
	252 NORTH RUSHMORE	ROAD				(509) 697-9175 2d Business code (see instructions)				
US		WA 98942-0000				2u Busii 1113				
За	Plan administrator's name ar SAME	nd address (If same as plan employer,	enter "Same")			3b Admi	nistrator's EIN			
	ÇAM									
						3c Admi	nistrator's telephone number			
4	If the name and/or EIN of the	plan sponsor has changed since the	last retum/repo	rt filed for this p	lan, enter the	4b EIN	· "			
	name, LIN and the plan num	ber from the last return. Sponsor's Na	me			4c PN				
5a	Total number of participants	at the beginning of the plan year				5a	39			
þ		at the end of the plan year				5b	48			
С		with account balances as of the end o				_				
ĥа		during the plan year invested in eligible				5c	18			
Ъ		the annual examination and report of			accountant (IOPA)		<u>M</u> les100			
	under 29 CFR 2520.104-46?	' (See instructions on waiver eligibility :	and conditions.)			XYes No			
1,210,000		ther 6a or 6b, the plan cannot use Fo	orm 5500-SF a	nd must instea	d use Form 5500.					
Q	rt III Financial Info	rmation		т						
7	Plan Assets and Liabilities		<u> </u>	(a) Be	ginning of Year		(b) End of Year			
a	Total plan assets		7a		289,638		329,085			
b	Total plan liabilities .		· - 7b				115			
C	Net plan assets (subtract line	2 7b from line 7a)	7c	1	289,638		328,970			
8	Income, Expenses, and Tran		3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	eivable from:	8a(1)	i		*.**				
	(2) Participants		8a(2)		42,113					
	(3) Others (including rollove	rs)	8a(3)			7	1988			
þ	Other income (loss)		8b		28,166	7	7.7. A.			
С	Total income(add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c				70,279			
d	Benefits paid (including direct	t rollovers and insurance premiums		AAAA NA AAAA AAAA AAAA AAAA AAAA AAAA	de la companya de la	: .				
	to provide benefits)		· • 8d		30,832					
e		ctive distributions (see instructions)				0.500.000.0000				
f	·	ers (salaries, fees, commissions) .	8f		115	— [`]				
g	Other expenses		· · 8g			1 5,67%				
h	Total expenses (add lines 8d	5,	8h				30,947			
i ·	Net income (foss) (subject lin		· ·			4	39,332			
1	Transfers to (from) the plan (see instructions)	8i	1			1 1504			

Par	IV Plan Characteristics	·							
	If the plan provides pension benefits, enter the applicable pension feature	a codes from the List	of Plan Characteria	Ha Ca		. 41= 1=	alm aliana		
	2E 2G 2J 3D								
b 	f the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	of Plan Characteristi	a Coc	les in	the ins	tructions:		
Par	t V Compliance Questions								
10	During the plan year:	· · · · · · · · · · · · · · · · · · ·			Yes	No	Aı	nount	
а	Was there a failure to transmit to the plan any participant contribution w	vithin the time period	described in			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	Correction Program)		10a				.	
-	on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	х				35,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelit					-	•		33,000
	or dishonesty?	•	,	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the instructions.)	e benefits under the p	olan? (See	10e		x	•	·	
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 of y				x				50,326
h	If this is an individual account plan, was there a blackout period? (See i			10g					30,32 0
	2520.101-3.)	* * * * * * *		10h		x			
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one o	of the	10i					
Pari	VI Pension Funding Compliance								345
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))							Yes	—- ⊠No
12	Is this a defined contribution plan subject to the minimum funding requir							Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.				OOL 0	Litto			
а	If a waiver of the minimum funding standard for a prior year is being am	ortized in this plan y	ear, see instructions	s, and	enter	the da	te of the lette	r rulina	
	granting the waiver		Mont	.h		Day	Y	ear	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (•	·			40			
þ	Enter the minimum required contribution for this plan year					12b			
c d	Enter the amount contributed by the employer to the plan for this plan y			•	٠	12c			
u	Subtract the amount in line 12c from the amount in line 12b. Enter the megative amount)				.	12d			
e	Will the minimum funding amount reported on line 12d be met by the ful	nding deadline? .					Yes	No [N/A
Part	VII Plan Terminations and Transfers of Assets	_			•				
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior year?			<i>.</i> .			Yes [X No
	If "Yes," enter the amount of any plan assets that reverted to the employee					13a	·		
þ	Were all the plan assets distributed to participants or beneficiaries, trans	sferred to another pla	an, or brought under	the c	ontrol				
С	of the PBGC?	s plan to another pla	n(s), identify the pla	 n(s) t	• •	• •		Yes [X No
1	3c(1) Name of plan(s):				13	 c(2) El	N(s)	13c(3) P	N(s)
	· · · · · · · · · · · · · · · · · · ·					_			
Cautio	n: A penalty for the late or incomplete filing of this return/report wil	l be assessed unles	ss reasonable caus	seis	establ	ished.		L	
Under	penalties of perjury and other penalties set forth in the instructions, I ded	lare that I have exam	ined this return/rep	ort, in	cludin	a. if ap	plicable, a Sc	hedule	
SB or	Schedule MB completed and signed by an enrolled actuary, as well as th it is true, correst, and complete.	e electronic version (of this return/report,	and t	o the l	oest of	my knowledg	e and	
SIG	Mitch		Miko	Mo	พระ	n			
HEF	Signature of plan administrator	Date /2- 33-10	Enter name of indi			•	lan administr	etor -	 -
SIG			Mike	1 1	uso	•		- 191	
HER		Date / 2 72 10	Enter name of indi-				molover or ol	an sponsor	
				الليو اليد ميده .	~ 3	.g uo 0	, (10 10 10 10 10 10 10 10 10 10 10 10 10 1		

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