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).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

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

P	art I	Annual Report Identification Inform	ation								
For	calenda	ar plan year 2010 or fiscal plan year beginning	01/01/2010)	and ending 1	2/31/2	2010				
Α	A This return/report is for: Single-employer plan ☐				employer plan (not multiemployer)		one-participant plan				
		urn/report is for: first return/report	final retur	n/report							
_	11113 101	an amended return/rep	븜		year return/report (less than 12 mor	othe)					
_		 [♥]	<u> </u>	•	, ,	11113)	□ pc/0				
C	Check b	pox if filing under:	ш		extension		DFVC program				
		special extension (ente	er description	n)							
Pa	art II	Basic Plan Information—enter all reque	sted informa	ation							
	Name of					1b	Three-digit				
AMC	S GAM	ACHE FARMS, INC. PROFIT SHARING PLAN					plan number (PN) ▶ 001				
						10	Effective date of plan				
						10	07/01/1970				
2a	Plan sr	oonsor's name and address (employer, if for singl	e-emplover i	olan)		2b	Employer Identification Number				
		ACHE FARMS, INC.		,			(EIN) 91-0862036				
	DOV 00	200				2c	Plan sponsor's telephone number				
	BOX 39 PENISH	72 I, WA 98948-0392				24	509-865-2958				
						2 a	Business code (see instructions) 111900				
3a	Plan ac	dministrator's name and address (if same as Plan	sponsor, er	nter "Same	• ")	3b	Administrator's EIN				
AMC	S GAM	ACHE FARMS, INC. P	.O. BOX 392 OPPENISH,	2	•		91-0862036				
		'	OFFEINISH,	WA 9094	0-0392	3с	Administrator's telephone number				
4	lf (l)						509-865-2958				
		me and/or EIN of the plan sponsor has changed : EIN, and the plan number from the last return/repo			port filed for this plan, enter the	40	EIN				
		and the plan names nem the last return tops	ж. оролоо.	0 1101110		4c	PN				
5a	Total r	number of participants at the beginning of the plar	ı year			5a	2				
b	Total n	number of participants at the end of the plan year.				5b					
С	Total n	number of participants with account balances as o	of the end of	the plan y	rear (defined benefit plans do not						
	comple	ete this item)				5c	21				
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						Yes 📗 No				
b		ou claiming a waiver of the annual examination an					X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	rt III	Financial Information		0000	or and muct motoda acc r crim co						
7		ssets and Liabilities			(a) Beginning of Year		(b) End of Year				
		plan assets		7a	7659052	2	8928330				
_		olan liabilities		7b)					
		an assets (subtract line 7b from line 7a)		7c	7659052	2	8928330				
8				70	(a) Amount		(b) Total				
a		e, Expenses, and Transfers for this Plan Year outions received or receivable from:	ŀ		(a) Amount	(b) Total					
u	(1) Employers		8a(1) 2594		14						
	(2) Pa	articipants		8a(2)	80508	3					
		hers (including rollovers)		8a(3)							
b	Other i	income (loss)		8b	1165560)					
С	Total in	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c			1272012				
d		ts paid (including direct rollovers and insurance p			2000						
	to provide benefits)			8d	2609	2					
е	Certair	n deemed and/or corrective distributions (see inst	ructions)	8e		_					
f	Admin	dministrative service providers (salaries, fees, commissions)		8f							
g	Other	expenses		8g	125	5					
h	Total e	expenses (add lines 8d, 8e, 8f, and 8g)		8h			2734				
i	Net inc	come (loss) (subtract line 8h from line 8c)		8i			1269278				
j	Transf	ers to (from) the plan (see instructions)		8i							
		rk Paduation Act Nation and OMP Control Numbers, see			l .		Form 5500 SE (2010)				

	Form 5500-SF 2010 Page 2-										
ar	t IV Plan Characteristics										
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2H 2J 2K 3D	acteris	tic Co	des in	the instructions:						
	. The plant provided trends 20.10.10, 5/101 the applicable frontale location decide from the Electric fall characteristic decide in the individuality.										
art	V Compliance Questions										
)	During the plan year:		Yes	No	Amount						
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X							
С	Was the plan covered by a fidelity bond?	10c	X		500000						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X							
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X							
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ							
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i									
art	VI Pension Funding Compliance										
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))										
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code				T 🗓						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
а	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										
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_								
b	Enter the minimum required contribution for this plan year			12b							
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 negative amount)			12d							

Part VII Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/28/2011	MICHAEL T. GAMACHE, PRESIDENT					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

		Identification Information							
For	calendar plan year 2010 or fis	cal plan year beginning	01/01/2	2010 and ending		12/31/2010			
Α.	This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan				
В	This return/report is for:	first return/report	final retur	n/report		_			
	•	an amended return/report	short plan	year return/report (less than 12 mor	iths)				
6	Check box if filing under:	X Form 5558	-	extension	,	DFVC progra	m		
•	Sheck box it siting under.	special extension (enter descript		- GALGITO.		_ Di to piogia			
	Marie Diagram								
		rmation—enter all requested inform	nation		4 la	Th			
18	Name of plan	S, INC. PROFIT SHARING	DT.ZM		ID	Three-digit plan number			
	APIOD GAPACITE PARTE	o, inc. FROFII SHARING	5 PLAN			(PN) ▶	001		
					1c	Effective date of plan			
						07/01/197	0		
2a	Plan sponsor's name and add AMOS GAMACHE FARM	dress (employer, if for single-employed	er plan)		2b Employer Identification Number				
	AMOS GAMACHE FARM	S, INC.			_	(EIN) 91 - 086	elephone number		
	P.O. BOX 392				20	509-865-2	•		
	77. Y. Y. T. X. T. Y. T.				2d	see instructions)			
	TOPPENISH	WA 98948-0392				111900			
3a	Plan administrator's name an AMOS GAMACHE FARM	d address (if same as Plan sponsor, S , INC .	enter "Same	∍")	3b	Administrator's I			
		-,			3c		elephone number		
	P.O. BOX 392 TOPPENISH	WA 98948-03	92		-	509-865-2			
		plan sponsor has changed since the I		port filed for this plan, enter the	4b EIN				
I	name, EIN, and the plan numb	per from the last return/report. Spons	or's name		4c PN				
50	Total number of participants	at the beginning of the plan year				T	21		
					5a				
b		at the end of the plan year			5b	1 2			
С	, ,	with account balances as of the end		•	5с		21		
- 6a		during the plan year invested in elig	•				X Yes No		
b	•	the annual examination and report of		•					
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)		,	X Yes No		
·		ther 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.				
	Part III Financial Information								
7	Plan Assets and Liabilities		12.525.553	(a) Beginning of Year		(b) End of Year			
a	,			765905		8928			
þ	,				0				
	· · · · · · · · · · · · · · · · · · ·	e 7b from line 7a)	7c	765905	2		8928330		
8	Income, Expenses, and Tran		3553355	(a) Amount	1	(b) T	otal		
а	Contributions received or rec	ceivable from:	8a(1)	2594	4				
	, ,			8050					
	•	rs)			7				
h	`,		, ,	116556	\exists				
b	, ,						1272012		
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums				18.50		1272012		
u		x rollovers and insurance premiums	8d		و				
е	•	ective distributions (see instructions).			7				
f		lers (salaries, fees, commissions)							
g g	•			12	5				
_	•	i, 8e, 8f, and 8g)					2734		
		ine 8h from line 8c)					1269278		
i									
i i		(see instructions)							

Pai	rt IV	Plan Characteristics								
9a		plan provides pension benefits, enter the applicable pension fea $2 { t F} 2 { t H} 2 { t J} 2 { t K} 3 { t D}$	ture codes from the I	ist of Plan Char	acterí	stic Co	des in	the instruct	ons:	
b	If the	plan provides welfare benefits, enter the applicable welfare feat	ture codes from the L	ist of Plan Chara	cteris	tic Co	des in I	the instruction	ons:	
Par	t V	Compliance Questions								
10		ng the plan year:	***************************************			Yes	No		4mount	
а	Was	there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		х			
b		e there any nonexempt transactions with any party-in-interest? (I ne 10a.)			10b		Х			
С	: Was	the plan covered by a fidelity bond?			10c	Х				500000
d		he plan have a loss, whether or not reimbursed by the plan's fide			10d		Х			
е	: Were	e any fees or commissions paid to any brokers, agents, or other ance service or other organization that provides some or all of the actions.)	persons by an insura he benefits under the	nce carrier, plan? (See	10e		х			
f	Has	the plan failed to provide any benefit when due under the plan?		*************	10f		Х			
q	Did t	he plan have any participant loans? (If "Yes," enter amount as o	f year end.)	>>>44444	10a		x			
h		s is an individual account plan, was there a blackout period? (Se			10h	,	х			
i		n was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3		10i						
Part	t VI	Pension Funding Compliance							***************************************	···
11	Is this	s a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see inst	ructions and com	plete	Sched	dule SE	3 (Form	☐ Ye	s No
12))							Ye	
12		is a defined contribution plan subject to the minimum funding red	•	1 412 of the Code	e or se	ection	302 of	ERISA?	П де	s X No
а	ılfaw	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicab raiver of the minimum funding standard for a prior year is being a ing the waiver.	amortized in this plan					ne date of th		•
lf		ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		1 Cai	
		the minimum required contribution for this plan year		-			12b			
		the amount contributed by the employer to the plan for this plan					12c		***************************************	
	l Subtr	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	e result (enter a minu	s sign to the left	of a		12d			
е	: Will t	he minimum funding amount reported on line 12d be met by the	funding deadline?		*******	<i></i>		Yes [No	N/A
Pari	t VII	Plan Terminations and Transfers of Assets								•
13a	Hasa	a resolution to terminate the plan been adopted during the plan	year or any prior year	?			*****		Ye	s X No
	If "Ye	es," enter the amount of any plan assets that reverted to the emp	oloyer this year		.,,,,,,,,		13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С		ring this plan year, any assets or liabilities were transferred from In assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	ın(s) to)			
13c(1) Name of plan(s):						13	c(2) E	IN(s)	13c((3) PN(s)
					-					
Cau	ıtion: A	penalty for the late or incomplete filing of this return/repor	t will be assessed u	ınless reasonab	ile cai	use is	estab	lished.		
		alties of perjury and other penalties set forth in the instructions, I							ble. a Sc	chedule
SB	or Šche	edule MB completed and signed by an enrolled actuary, as well a crue, enrect, and complete.								
SIC	≥NI	4/2 / / / / / / / / / / / / / / / / / /		MICHAEL T.	GAI	MACH	E, P	RESIDEN	T	
	HERE Sidnature of plan administrator Pate 5-14-14 Enter pame of individual signing on plan administrator									

Date

Enter name of individual signing as employer or plan sponsor

Page **2-**

Form 5500-SF 2010

SIGN HERE

Signature of employer/plan sponsor