## 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.

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

		Identification Information				
For	calendar plan year 2010 or fi	scal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010
Α -	This return/report is for:	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 plar	year return/report (less than 12 mo	nths)	
C (	Check box if filing under:	Form 5558	-	extension	,	DFVC program
•	Sheek box ii iiinig dhaci.	special extension (enter descript	_			
Do	rt II Basic Plan Info	<u> </u>	,			
	Name of plan	prmation—enter all requested inform	nation		1h	Three-digit
	TERDAY 401(K) PROFIT SH.	ARING PLAN			10	nlan number
2,10						(PN) • 001
					1c	Effective date of plan
						01/01/2007
	Plan sponsor's name and ad ERDAY FARMS	Idress (employer, if for single-employe	er plan)		2b	Employer Identification Number
LASI	LNDAT FARING				20	(EIN) 91-1520161 Plan sponsor's telephone number
1816					20	509-547-9600
PASC	CO, WA 99301				2d	Business code (see instructions)
					01.	112111
SA EAST	Plan administrator's name ai ERDAY FARMS	nd address (if same as Plan sponsor, 1816 N 20	enter "Same	<del>?</del> ")	30	Administrator's EIN 91-1520161
		PASCO, W.	A 99301		3c	Administrator's telephone number
						509-547-9600
		plan sponsor has changed since the l		port filed for this plan, enter the	4b	EIN
ı	name, EIN, and the plan num	ber from the last return/report. Spons	sor's name		4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	95
b		at the end of the plan year			5b	91
		with account balances as of the end			30	
				` .	5c	31
6a	Were all of the plan's asset	s during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No
b		f the annual examination and report o				X vaa D Na
		? (See instructions on waiver eligibility ither 6a or 6b, the plan cannot use		•		^ Yes   No
Pa	rt III Financial Infor		FOIII 3300-	or and must mstead use Form 55	υυ.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
a			7a	308744	1	477411
b	•					
	•	e 7b from line 7a)		308744	1	477411
8	Income, Expenses, and Tra	<u>,                                    </u>	70	(a) Amount		(b) Total
а	Contributions received or re					(b) Total
_			8a(1)	49666	5	
	(2) Participants		8a(2)	69854	1	
	(3) Others (including rollove	ers)	8a(3)			
b	Other income (loss)		8b	55147	7	
С	Total income (add lines 8a(1	1), 8a(2), 8a(3), and 8b)	8c			174667
d	. ,	ct rollovers and insurance premiums		6000	)	
	,			6000		
e		ective distributions (see instructions)				
f	·	ders (salaries, fees, commissions)				
g	•					0000
h	, ,	d, 8e, 8f, and 8g)				6000
i	Net income (loss) (subtract	line 8h from line 8c)	8i			168667
•	` , `	(see instructions)				

	F	form 5500-SF 2010 Page <b>2-</b>					
Par	t IV	Plan Characteristics					
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instructions:	
L		2F 2G 2J 2K 2T 3D		4:- O-	Jaa : a 4	the instructions	
D	ii the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	actens	iic Coo	in sec	the instructions:	
art	: V	Compliance Questions				-	
0	Duri	ng the plan year:		Yes	No	Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X		
С	Was	s the plan covered by a fidelity bond?	10c	X			31000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X		
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X		
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X		
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				
art	VI	Pension Funding Compliance	u .	•	U U		
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					X No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo					X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr					
lf	-	ting the waiver			Day.	Year	
	-	r the minimum required contribution for this plan year		Г	12b		
С	Ente	r the amount contributed by the employer to the plan for this plan year		[	12c		
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	t of a	[	12d		
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes No	N/A
art	VII	Plan Terminations and Transfers of Assets					_
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a		
L							

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

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.	10/07/2011	CODY A. EASTERDAY					
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

Pa	rt Annual Report Identification Information									
	calendar plan year 2010 or fiscal plan year beginning and ending									
Ат	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	oyer plan (not multiemployer)						
Вт	This return/report is for: first return/report	final return	/report							
	an amended return/report	short plan	year return/report (less than 12 mon	ths)						
C	Check box if filing under:	automatic	extension		DFVC program					
	special extension (enter descriptio	n)		,						
Pa	TII Basic Plan Information—enter all requested information	ation								
	Name of plan			1b	Three-digit					
	ERDAY 401(K) PROFIT SHARING PLAN				plan number 001					
	•			10	(PN)   001					
				10	01/01/2007					
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number					
	TERDAY FARMS		-		(EIN) 91-1520161					
1016	N 20			2C	Plan sponsor's telephone number 509-547-9600					
	N 20 CO WA 99301		ļ	2d	Business code (see instructions)					
					112111					
	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	")	3b	Administrator's EIN 91-1520161					
SAM				3c	Administrator's telephone number					
					509-547-9600					
4 1	f the name and/or EIN of the plan sponsor has changed since the last	st return/re	port filed for this plan, enter the	4b	EIN					
r	name, EIN, and the plan number from the last return/report. Sponso	i s name		4c	PN					
5a	Total number of participants at the beginning of the plan year			5a	95					
b	Total number of participants at the end of the plan year			5b	91					
С	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not		04					
	complete this item)			5c	31					
6a					X Yes No					
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and conditi	dent qualified public accountant (IQF ons )	'A)	X Yes ☐ No					
	If you answered "No" to either 6a or 6b, the plan cannot use F									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	. 7a	308744		477411					
b	Total plan liabilities	. 7b		<u> </u>						
С	Net plan assets (subtract line 7b from line 7a)	7c	308744		477411					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:	. 8a(1)	49666							
	(1) Employers		69854							
	(2) Participants	8a(3)								
b	(3) Others (including rollovers)		55147							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				174667					
d	Benefits paid (including direct rollovers and insurance premiums			100						
-	to provide benefits)	. 8d	6000							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	`							
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses		The supplication of the su							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			6000					
i	Net income (loss) (subtract line 8h from line 8c)				168667					
i	Transfers to (from) the plan (see instructions)									

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HERE

Signature of employer/plan sponsor

Dar	+ I\/	e e	Plan	Chara	cteristics
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
  - h If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<sup>2</sup> art	V Compliance Questions									
10	During the plan year:		Yes	No		Amou	unt			
	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	n)	10a		Х					
þ	Were there any nonexempt transactions with any party-in-interest? (Do not in on line 10a.)	clude transac	tions reported	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Χ					31000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond or dishonesty?	d, that was ca	used by fraud	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other persons insurance service or other organization that provides some or all of the benefinstructions.)		Х				•			
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 er	nd.)		10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	ctions and 29	CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3	notice or one	of the	10i						
<sup>⊃</sup> art	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y 5500))	es," see instr	uctions and con	plete	Sched	iule SE	3 (Form	. 🛮	Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirement (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.  You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form Enter the minimum required contribution for this plan year	d in this plan	year, see instru Mor skip to line 13.	ctions	, and e	enter th	ne date o	f the let	Yes ter ruli	ng
C	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 (negative amount)	(enter a minu	s sign to the left	of a	-	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding						Yes	N	0	N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan year or a	any prior year	?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer th				1	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another	plan, or brought	under	the c	ontrol 			Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another p	olan(s), identify t	the pla	n(s) to	<b>.</b>				
	3c(1) Name of plan(s):				13c(2) EIN(s)				(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be									
SBc	er penalties of perjury and other penalties set forth in the instructions, I declare r Schedule MB completed and signed by an enrolled actuary, as well as the el f, it is true correct, and complete	that I have e lectronic vers	examined this re- tion of this return	turn/re /repor	port, i t, and	ncludir to the	ng, if appl best of n	icable, and the second	a Sche ledge	edule and
SIG	N Carl Cestato a		CODY A. EAS	TERD	AY					
HEF			Enter name of	f individual signing as plan administrator						-
SIG										

Date

Enter name of individual signing as employer or plan sponsor