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

Р	art I	Annual Report I	ldentification Informa	tion						
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
Α	This ret	turn/report is for:	single-employer plan	multiple-employer plan (not multiemployer) one-participant plan						
		turn/report is for:	first return/report	Ī	final retur	n/report				
_		,	an amended return/repo	ort 🗍	short plan	n year return/report (less than 12 m	onths)			
_	Chook	hav if filing under	Form 5558				,	DFVC program		
C	C Check box if filing under: Form 5558 automatic extension special extension (enter description)					CATCHSION		_ Di vo piogram		
D	a == 4 11	Decis Dien Info	,		,					
	art II		rmation—enter all request	ted inform	ation		1h	Three-digit		
	Name	•	COMPANY 401(K) PLAN					nlan number		
LAO	TENDA	TARMOT RODOCE	OOM ANT TOTAL					(PN) • 001		
							1c	Effective date of plan		
								01/01/2007		
		ponsor's name and add Y FARMS PRODUCE	dress (employer, if for single-	-employer	plan)		2b	Employer Identification Number		
EAS	TEKDA	T FARMS PRODUCE	COMPANY				20	(EIN) 91-1/0/419 Plan sponsor's telephone number		
	3OX 28						20	509-544-9595		
PAS	CO, WA	A 99302					2d	Business code (see instructions)		
							01	111210		
3a EAS	Plan a TERDA	idministrator's name and Y FARMS PRODUCE (d address (if same as Plan s COMPANY PO	sponsor, e BOX 281		e")	30	Administrator's EIN 91-1707419		
			PA	SCO, WA	99302		3c	Administrator's telephone number		
								509-544-9595		
4						port filed for this plan, enter the	4b	EIN		
	name, i	EIN, and the plan numb	per from the last return/repor	t. Sponso	ors name		4c	PN		
5a	Total r	number of participants	at the beginning of the plan v	vear				75		
b						. 5b	80			
С						0.0				
						() - () -	. 5c	22		
6a	Were	all of the plan's assets	during the plan year investe	d in eligib	le assets?	(See instructions.)		Yes No		
b						ndent qualified public accountant (I		X Yes ☐ No		
			•			ons.) SF and must instead use Form 5		Tes No		
Pá	art III	Financial Inform		iot use i	01111 3300	or and must mistead use i orm s	500.			
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
a					. 7a	10709	91	154524		
		plan liabilities			. 7b					
С	Net pl	an assets (subtract line	7b from line 7a)		7c	10709	154			
8	Incom	ne, Expenses, and Tran	sfers for this Plan Year			(a) Amount	(b) Total			
а		ibutions received or rec				222	10	· ·		
	(1) E	mployers			. 8a(1)		23208			
	(2) Pa	articipants			. 8a(2)	2410	J8			
	(3) Others (including rollovers)			. 8a(3)	110					
b		` ,			. 8b	112	32	50500		
C		, , ,	, 8a(2), 8a(3), and 8b)		. 8c			58598		
d			t rollovers and insurance pre		. 8d	1110	65			
е			ctive distributions (see instru		. 8e					
f			ers (salaries, fees, commissi	,						
g		·	,	,	. 8g					
9 h		Other expenses						11165		
i			ne 8h from line 8c)					47433		
i		` , `	see instructions)							

	F	orm 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteri	stic Co	odes in	the instructions:				
		2F 2G 2J 2K 2T 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	ractorio	stic Co	doc in t	the instructions:				
D	II tile	plan provides wellare benefits, enter the applicable wellare reactive codes from the List of Plan Cha	liaciens	SHC CO	ides III i	THE ITISTRUCTIONS.				
art	rt V Compliance Questions									
0	Durir	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)	n 10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c	X		10000				
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc	10d		X					
е		e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,								
		ance 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	he 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 ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co								
2	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection	302 of I	ERISA? Yes No				
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver								
lf y	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,					
b	Enter	the minimum required contribution for this plan year			12b					
		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 tive amount)	ft 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								
3а	Has a	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					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougl e PBGC?				Yes X No				

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

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.)

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	10/12/2011	JODY EASTERDAY Enter name of individual signing as plan administrator				
HERE	Signature of plan administrator	Date					
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

Complete all entries in accordance with the instructions to the Form 556501.									
	rt I Annual Report Identification Information	and ending							
For	calendar plan year 2010 or fiscal plan year beginning								
A ·	This return/report is for: X single-employer plan				one-participant plan				
B T	This return/report is for:	n/report							
	an amended return/report	⊑	year return/report (less than 12 mor	iths)					
C Check box if filing under:					DFVC program				
	special extension (enter description)								
Pa	rt II Basic Plan Information—enter all requested info	ormation							
1a	Name of plan			1b	Three-digit				
EAS	TERDAY FARMS PRODUCE COMPANY 401(K) PLAN				plan number (PN)	001			
				1c	Effective date of plan 01/01/2007				
2a	Plan sponsor's name and address (employer, if for single-emplo	yer plan)		2b	Employer Identifica (EIN) 91-17074				
EAS	TEHDAY FARMS PRODUCE COMPANY	•		2c	Plan sponsor's tele	ephone number			
	30X 2813 CO WA 99302-2813			2d	Business code (se				
					111210				
3a SAM	Plan administrator's name and address (if same as Plan sponso E	r, enter "Same	")	3b	Administrator's Elf 91-17074				
	•	•		3с	Administrator's tel				
4 1	f the name and/or EIN of the plan sponsor has changed since the	e last return/re	port filed for this plan, enter the	4b	EIN				
1	name, EIN, and the plan number from the last return/report. Spo	nsor's name		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year			5b		80			
C	Total number of participants with account balances as of the encomplete this item)	d of the plan y	ear (defined benefit plans do not	5c					
	Were all of the plan's assets during the plan year invested in el					X Yes No			
	Are you claiming a waiver of the annual examination and report				***************************************				
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	lity and conditi	ons.)	•••••		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot us	e Form 5500-	SF and must instead use Form 55	00.					
Pa	rt III Financial Information	····							
7	Plan Assets and Liabilities		(a) Beginning of Year	-	(b) End of	f Year 154524			
а	Total plan assets	7a	107091	-		154524			
þ	Total plan liabilities	7b	107004			154524			
<u>.c</u>	Net plan assets (subtract line 7b from line 7a)	7c	107091	154					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:	8a(1)	23208	.					
	(1) Employers		24108	<u> </u>	•				
	• •			7	•				
h	(3) Others (including rollovers)	<u> </u>	11282		*				
đ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			+		58598			
c d	Benefits paid (including direct rollovers and insurance premium	-		_					
.	to provide benefits)	ovide benefits)							
e	Certain deemed and/or corrective distributions (see instructions			-					
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses			-		41465			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-		11165			
i	Net income (loss) (subtract line 8h from line 8c)			\bot		47433			
j	Transfers to (from) the plan (see instructions)	, 0,		丄					
	Described Deduction Ant Motor and CARD Control Number of the instru		FFOR CF		2	orm 5500-SF (2010)			

Form 5500-SF 2010

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Page	2-	1	i

		-0iii 5500-5i 2010		.90							
Par	t IV	Plan Characteristics									
9a		plan provides pension benefits, enter the applicable pen	nsion feature codes from the	List of Plan Charac	teris	tic Co	des in	the instruct	ions:		
h	2E	2F 2G 2J 2K 2T 3D plan provides welfare benefits, enter the applicable welf	fare feature codes from the l	ist of Plan Charact	terist	tic Cod	des in t	he instruction	ons:		
U		, plan provides trendre de la companya de la compan									
Part	V	Compliance Questions								·	
10		ing the plan year:		··		Yes	No		Amount		
	29	s there a failure to transmit to the plan any participant cor CFR 2510.3-102? (See instructions and DOL's Voluntary	y Fiduciary Correction Progra	am)	10a		Х				
b	We on	re there any nonexempt transactions with any party-in-int ine 10a.)	terest? (Do not include transa	actions reported	10b		X				
C	Wa	s the plan covered by a fidelity bond?			10c	Х				10000	
d	Did or o	the plan have a loss, whether or not reimbursed by the p	lan's fidelity bond, that was o	caused by fraud	10d		x				
е											
f	Has	the plan failed to provide any benefit when due under th	e plan?		10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amo	ount as of year end.)		10g		X				
h		is is an individual account plan, was there a blackout per			10h		Х			.ekstr write en	
i	If 1	Th was answered "Yes," check the box if you either provide eptions to providing the notice applied under 29 CFR 252	ded the required notice or on 20.101-3	e of the	10i						
Part		Pension Funding Compliance									
11	ls t	nis a defined benefit plan subject to minimum funding requ	uirements? (If "Yes," see inst	tructions and comp	ete	Sched	lule SB	(Form	Yes	No	
12		his a defined contribution plan subject to the minimum ful							Yes	X No	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as								_	
а	If a	waiver of the minimum funding standard for a prior year inting the waiver.	s being amortized in this plar	n year, see instructi Month	ions, 1	and e	nter th Dav	e date of th	e letter n Year	aling	
· If		completed line 12a, complete lines 3, 9, and 10 of Sch									
b	Ent	er the minimum required contribution for this plan year			· · • · · · · · · · · · · · · · · · · ·	L	12b				
C	Ent	er the amount contributed by the employer to the plan for	this plan year				12c				
d		stract the amount in line 12c from the amount in line 12b. ative amount)				[12d				
е	Wil	the minimum funding amount reported on line 12d be me	et by the funding deadline?					Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Ass	ets								
13a	Has	a resolution to terminate the plan been adopted during t	he plan year or any prior yea	ır?		r		т	Yes	X No	
		es," enter the amount of any plan assets that reverted to					13a				
	of t	re all the plan assets distributed to participants or benefic he PBGC?			•••••	•••••	••••		Yes	s 🛛 No	
		uring this plan year, any assets or liabilities were transfer ch assets or liabilities were transferred. (See instructions		plan(s), identify the	e pla			-			
	13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)			3) PN(s)			
		A penalty for the late or incomplete filing of this retu									
SBc	or Scl	nalties of perjury and other penalties set forth in the instru- nedule MB completed and signed by an enrolled actuary, sprea correct/and complete.	uctions, I declare that I have a as well as the electronic vers	examined this return sion of this return/re	rn/report	port, ir t, and	cludin to the i	g, if applica pest of my l	ble, a Sci inowledge	hedule e and	
	JODY EAST				ERDAY						
	HERE Signature of plan administrator Date 10 15/11 Enter name of indi				individual signing as plan administrator						
SIG	A1	1 (\/	(* *)			3					
HEF		Signature of employer/plan sponsor	Date	Enter name of inc	divid	ual sio	ning a	s employer	or plan s	ponsor	