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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number FARMERS ELECTRIC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FARMERS ELECTRIC, INC 91-1052377 (EIN) 2c Sponsor's telephone number 509-488-2822 30 E. HEMLOCK ST. OTHELLO, WA 99344 2d Business code (see instructions) 221100 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 30 E. HEMLOCK ST. 91-1052377 FARMERS ELECTRIC, INC. OTHELLO, WA 99344 **3c** Administrator's telephone number 509-488-2822 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 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..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 151111 0 Total plan assets..... 7a 7b Total plan liabilities..... 151111 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -8668 **b** Other income (loss)..... 8b -8668 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 142075 to provide benefits)..... 8d 368 Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 142443 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -151111 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3D 2T
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	uring the plan year:		Yes	No		Amo	ount	
	as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		Х				
: W	Vas the plan covered by a fidelity bond?	10c	X					4000
	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Χ				
ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X				
Ha	as the plan failed to provide any benefit when due under the plan?	10f		X				
J Die	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		X				
	10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
VI	Pension Funding Compliance							
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					П	Yes	No
	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
If c								
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver							
gra								
gra you	anting the waiverMont	th						
gra you En En	Anting the waiver	th	 [Day _.				
gra you En En Su	anting the waiver	th of a	[Day _				
gra you En En Su ne	Anting the waiver	th of a		Day 12b 12c 12d		_ Yea		
gra you En En Su ne	Anting the waiver	th of a		Day 12b 12c 12d		_ Yea	r	
gra you En Su ne Wi	anting the waiver	of a		12b 12c 12d		_ Yea	r	
gra you En En Su ne Wi VII	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year	of a		12b 12c 12d	Yes	_ Yea	r	N/A
gra you En En Su ne Wi t VII	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or gative amount). Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or gative amount). Inter the minimum funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline?	of a1 under		Day	Yes	Yea	r	N/A
grayou En En Su ne Wi VIII Ha If "	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or gative amount). Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or gative amount). Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or gative amount). Inter the minimum required contribution on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline? Inter the amount of amount reported on line 12d be met by the funding deadline?	of a		12b 12c 12d [Yes	Yea	r	N/A
grayou En En Su ne Wi I Ha If " We of	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or gative amount). Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or gative amount). Inter the minimum funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline? Inter the amount funding amount reported on line 12d be met by the funding deadline?	of a		12b 12c 12d [Yes	Yea	r	N/A
grayou En En Su ne Wi Ha If " We of If c	Annual completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d [Yes	Yea	r	N/A
graf you Denter Enter Survey With the transfer of the transf	anting the waiver	of a	3a the co	Day	Yes	Yea	ves	N/A
graf you Denter Enter Survey With the transfer of the transf	anting the waiver	of a	3a the co	Day	Yes	Yea	ves	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/29/2012	JOSHUA BOOTH
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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Bonart Identification Information

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1;	2/31/2	2011		
Maria de la companione	This return/report is for:						
	mis returnineport is for.	a multiple-employer plan (not multiemployer) a one-participant plan					
Ь			1000000000 C 00000000	and the same			
_		car Noti	n year return/report (less than 12 mo	inins)	Пети		
C	Check box if filing under: Form 5558		extension		DFVC program		
_	special extension (enter description	2007					
	rt II Basic Plan Information—enter all requested inform	ation					
	Name of plan			10	Three-digit plan number		
FARI	MERS ELECTRIC 401(K) PLAN				(PN) ▶ 001		
				1c	Effective date of plan		
				5-000	01/01/2002		
2a FARI	Plan sponsor's name and address; include room or suite number (e MERS ELECTRIC, INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number		
			ŀ	2-	(EIN) 91-1052377		
				2C	Sponsor's telephone number 509-488-2822		
0	HEMLOCK ST. ELLO WA 99344		ì	2d	Business code (see instructions)		
OTT	LLEO VVA 98344				221100		
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	")	3b	Administrator's EIN		
SAM	E		·	_	91-1052377		
				3C	Administrator's telephone number 509-488-2822		
4	If the name and/or EIN of the plan sponsor has changed since the	last return/r	eport filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report.						
-	Sponsor's name	W.L.	4c	PN			
5a Total number of participants at the beginning of the plan year			5a	13			
b Total number of participants at the end of the plan year					0		
С	Number of participants with account balances as of the end of the complete this item)			5c	0		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and report of				□ Vaa □ Na		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				X Yes No		
Pa	rt III Financial Information	0111 5500-	or and must mateau use roim so	JU.			
7	Plan Assets and Liabilities	270	(a) Beginning of Year	- 10	(b) End of Year		
а	Total plan assets	. 7a	151111		0		
	Total plan liabilities				(280000) v.		
	Net plan assets (subtract line 7b from line 7a)		151111		0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:						
	(1) Employers	2 2 2 2					
	(2) Participants	. 8a(2)		-			
-	(3) Others (including rollovers)		90 To 100 To				
b	Other income (loss)		-8668				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		-	-8668		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	142075				
е	Certain deemed and/or corrective distributions (see instructions) \ldots	. 8e	368	ii i			
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g		_	The state of the s		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			142443		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-151111		
j	Transfers to (from) the plan (see instructions)	. 8i					

Form	5500	SF	201	-

Signature of employer/plan sponsor

|--|

2007											
Part	t IV	Plan Characteristics									
	If the 2E	e plan provides pension benefits, enter the applicable pension fea $2G-2J-2K-3D-2T$	ture codes from the	List of Plan Chara	acleris	stic Co	des in	the instruction	ons:		
b	If the	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the L	ist of Plan Charac	clerisl	ic Cod	es in th	ie instruction	าร:		
Part	٧	Compliance Questions					2		_		SW-
10	Dui	ing the plan year:	182	Marie - j. e.	3	Yes	No	Α	mo	unt	
а	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am)	10a		х	1000			
b	We on	re there any nonexempt transactions with any party-in-interest? (I ine 10a.)	Do not include transa	actions reported	10b		х			North Market	129
С	Wa	s the plan covered by a fidelity bond?	*************************	**************	10c	Х					4000
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	elity bond, that was o	caused by fraud	10d		х				79.0
е	We	re any fees or commissions paid to any brokers, agents, or other rrance service or other organization that provides some or all of the ructions.)	persons by an insura	ance carrier, e plan? (See	10e		х				
f		the plan failed to provide any benefit when due under the plan?		61	10f		Х	***	-		
g	Did	the plan have any participant loans? (If "Yes," enter amount as o	f year end.)	******	10g		Х		4/	-	
h	If th	is is an individual account plan, was there a blackout period? (Se 0.101-3.)	e instructions and 29	9 CFR	10h		Х				
i	If 1	Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i			3.1	10,022		
Part	VI	Pension Funding Compliance									
11	ls th 550	nis a defined benefit plan subject to minimum funding requirement 0))	s? (If "Yes," see insl	tructions and com	plete	Sched	lule SB	(Form	П	Yes	∏ No
12		his a defined contribution plan subject to the minimum funding rec		100111000000000000000000000000000000000					$\overline{\Box}$	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							ELECTION .		33-32
	gra	waiver of the minimum funding standard for a prior year is being a nting the waiver.		Mon	th	, and e	enter th Day	e date of the	e let /ear	ter ru	ling ——
	50	completed line 12a, complete lines 3, 9, and 10 of Schedule M	75	The Control of the Co		Г	12b				
b		er the minimum required contribution for this plan year					120 12c	Mary .			
c d	Sub	er the amount contributed by the employer to the plan for this plar tract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a mini	us sign to the left	of a		12d	1. 100			****
e		ative amount)				_	- 10 775E	Yes	ΙN	ıo [N/A
Part		Plan Terminations and Transfers of Assets	rationing deadline :				*****	100		<u> </u>	13073
		a resolution to terminate the plan been adopted in any plan year?					XY	es No			-
IVU		'es," enter the amount of any plan assets that reverted to the emp			-	3a	[N] 3	C3	,	0	
b	We	re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought i	under		ontrol		X	Yes	
С	If d	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)				n(s) lo)			1.63	Пио
1	-) Name of plan(s):		100 August		13	c(2) EI	N(s)	1	3c(3)) PN(s)
									T		
		A penalty for the late or incomplete filing of this return/repor						- W			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct pand complete.	as the electronic vers	examined this return/ sion of this return/	ırn/re repor	port, ir t, and	ncludin to the t	g, if applicat best of my k	ole, a now	a Sch ledge	edule and
SIGN	,	4	1 3-19-17	JOSHUA BOOT	ТН						72
HER		Signature of plan administrator	Date	Enter name of ir	ndivid	ual sig	ning a	s plan admir	istra	ator	
SIGN	v _										
HER	E	Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sin	nina a	s employer o	ar ni	an sn	ODSOL

Date

Enter name of individual signing as employer or plan sponsor