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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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 EASTERDAY FARMS PRODUCE COMPANY 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number EASTERDAY FARMS PRODUCE COMPANY 91-1707419 (EIN) 2c Sponsor's telephone number 509-544-9595 PO BOX 2813 PASCO, WA 99302 2d Business code (see instructions) 111210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN EASTERDAY FARMS PRODUCE COMPANY 91-1707419 PO BOX 2813 PASCO, WA 99302 **3c** Administrator's telephone number 509-544-9595 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..... 95 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 154524 178935 Total plan assets..... 7a 7b Total plan liabilities..... 154524 178935 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: 22429 (1) Employers 8a(1) 23946 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -5677 **b** Other income (loss)..... 8b 40698 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 16287 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 16287 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 24411 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Dort IV	Dian Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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2E 2F 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

) a	During the plan year:		Yes	No		Amou	nt
	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		Alliou	
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	Χ				16000
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		X			
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		X			
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))						res X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						res X No
а	(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 amortized in this plan year, see instruc						
	granting the waiver	th					
-	granting the waiverMon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day			
b	granting the waiver	th	 [Da _y			
b c	granting the waiver	th of a	 [Day			
b c d	granting the waiver	th of a	[12b 12c 12d	/	_ Year _	
b c d	granting the waiver	th of a	[12b 12c 12d		_ Year _	
b c d	granting the waiver	th		12b 12c 12d	Yes	Year _	
b c d	granting the waiver	of a		12b 12c 12d	Yes	_ Year _	
b c d e art 3a	granting the waiver	of a		12b 12c 12d	Yes	Year _	N/A
b c d e art 3a	granting the waiver	of a	3a the co	12b 12c 12d	Yes	Year _	□ N/A
b c d e art 3a b	granting the waiver	of a	3a the co	12b 12c 12d	Yes	Year _	
b c d e art 3a b	granting the waiver	of a	3a the co	12b 12c 12d	Yes >	Year _	□ N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/28/2012	TAMMY HEBERLEIN
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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
		——————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·		2/31/2			
	This return/report is for:	X a single-employer plan	=	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the first return/report	H	eturn/report				
	9	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)			
C	Check box if filing under:	extension		DFVC prograi	ຠ			
		special extension (enter descri	otion)					
Pa	rt II Basic Plan Info	rmation—enter all requested info	rmation					
1a	Name of plan				1b	Three-digit		
EAST	TERDAY FARMS PRODUCE	COMPANY 401(K) PLAN				plan number	001	
					10	(PN) Effective date of		
						01/01/2	•	
2a EAS	Plan sponsor's name and ad FERDAY FARMS PRODUCE	dress: include room or suite number ECOMPANY	(employer, if	for a single-employer plan)	2b	Employer Identifi		er
						(EIN) 91-1707		
	·				2C	Sponsor's teleph 509-544		•
	OX 2813 OO WA 99302				2d	Business code (s		ns)
1700	JO 114 93002					111210		,
		nd address (if same as plan sponsor	, enter "Same	")	3b	Administrator's E	IN	
SAM				* 4	30	Administrator's to	alenhone nu	mher
						Administrator 5 to	siephone nui	11001
4		e plan sponsor has changed since the mber from the last return/report.	ne last return/i	report filed for this plan, enter the	4b	EIN	····	
а	Sponsor's name	mber nom the last return report.			4c	PN		
		at the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				80
b		at the end of the plan year		·	5b			95
С	• •	account balances as of the end of th			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
					<u>5c</u>			21
			_	(See instructions.)			X Yes	No
b				ndent qualified public accountant (IQF ons.)			X Yes	No
			-	SF and must instead use Form 550				٠
Pa	rt III Financial Infor							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	154524			17	8935
b	Total plan liabilities		7b					
C	Net plan assets (subtract lin	e 7b from line 7a)	7c	154524		-	17	8935
8	Income, Expenses, and Train	nsfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or re		0-40	22429	111.1.111			
				23946	-			
				23940				
L		ers)		F077				
b				-5677				nene
q C		i), 8a(2), 8a(3), and 8b) ct rollovers and insurance premiums			resident Territoria	uning and make product of a Page	4	0698
u	to provide benefits)	ct rollovers and insurance premiums	8d	16287	_			
е	Certain deemed and/or corre	ective distributions (see instructions)	8e					
f	Administrative service provide	ders (salaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h			<u> </u>	1	6287
i	Net income (loss) (subtract	line 8h from line 8c)	8i				2	4411
j	Transfers to (from) the plan	(see instructions)	gi		land.			

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Form	5500-SF	201

27 To 10	Plan Characteristics	
D4 11/	Dian Characteristics	
raniv	Plan Characteristics	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions	** ***********************************							
10					Yes	No		A	
	During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	10a	162	X		Amount			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				16000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	ersons by an insura benefits under the	ance carrier, plan? (See	10e		Х			
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	/ear end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requi	irements of section	1 412 of the Code	or se	ction	302 of	ERISA?	Yes	X No
2	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	•	. Voor ooo instru	tions	and e	ntor th	no data of t	ha lattar r	ding
a	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.		Mont	th	, and e	Day		Year	y
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	l skip to line 13.		_				·
b	Enter the minimum required contribution for this plan year		•••••	•••••		12b			
C	Enter the amount contributed by the employer to the plan for this plan y				L	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)					12d			
е	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?				·····	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			<u></u>	•••••	<u> </u>	Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year		1	3a				
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?	•••••						Yes	No ⊠
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ne pla	n(s) to)			
•	3c(1) Name of plan(s):			<u> </u>	13	c(2) E	IN(s)	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabi	le car	use is	estab	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I do Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct, and complete.	eclare that I have e	examined this retu	ırn/re	port, ir	ncludin	g, if applica		
SIG	A Abl	09/28/12	TAMMY HEBER	RLEIN	1				
HER		Date	Enter name of in	ndivid	ual sig	ning a	s plan adm	inistrator	
610				···	<u>v</u>				
	SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sp							onsor	