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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	art I Annual Report Identification Info	rmation							
For o	calendar plan year 2011 or fiscal plan year beginning)11	and ending 1	2/31/2	2011			
Ат	This return/report is for:	olan	a multiple	-employer plan (not multiemployer)		a one-participant plan			
	This return/report is: the first return/repo	ort [=	eturn/report		ш , , , ,			
	an amended return	L	=	in year return/report (less than 12 mo	anthe)				
•	H	лероп <u>[</u>	╡	, ,	Jiiliis)	_			
C	Check box if filing under:	L		extension		DFVC program			
	special extension (
Pa	rt II Basic Plan Information—enter all re	quested inforr	mation		ı				
	Name of plan				1b	Three-digit			
EAST	ERDAY 401(K) PROFIT SHARING PLAN					plan number			
					10	(PN) 001			
					10	Effective date of plan 01/01/2007			
2a	Plan sponsor's name and address; include room or s	uite number ((employer if	for a single-employer plan)	2h	Employer Identification Number			
	FERDAY FARMS	and namber ((ciripioyer, ii	Tor a single employer plany	25	(EIN) 91-1520161			
					2c	Sponsor's telephone number			
1816	N 20					509-547-9600			
	CO, WA 99301				2d	Business code (see instructions)			
						112111			
3a	Plan administrator's name and address (if same as p	lan sponsor,	enter "Same	")	3b	Administrator's EIN			
EAST	ERDAY FARMS	1816 N 20 PASCO, WA	A 00301			91-1520161			
		1 7,000, 117	A 33301		3c	Administrator's telephone number 509-547-9600			
4	If the name and/or EIN of the plan sponsor has char	and since the	last return/	report filed for this plan, enter the	4b				
•	name, EIN, and the plan number from the last return		, last return	report med for this plan, enter the	70	LIIN			
а	Sponsor's name	•			4c	PN			
5a	Total number of participants at the beginning of the	plan year			5a	9			
b	Total number of participants at the end of the plan y	ear			5b	11			
С	Number of participants with account balances as of	the end of the	e plan vear (defined benefit plans do not					
	complete this item)			•	5c	3			
6a	Were all of the plan's assets during the plan year in	vested in eligi	ible assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination				,	Var D Na			
	under 29 CFR 2520.104-46? (See instructions on w	υ,	•	•		X Yes No			
Pai	If you answered "No" to either 6a or 6b, the plan rt III Financial Information	cannot use	FORM 5500-	SF and must instead use Form 550	υυ.				
7				(a) Basississ of Year		(h) Ford of Voca			
-	Plan Assets and Liabilities		_	(a) Beginning of Year 477411		(b) End of Year 612908			
	Total plan assets			7/1711		012300			
	Total plan liabilities			477411		612908			
	Net plan assets (subtract line 7b from line 7a)		7с						
	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers		8a(1)	58694					
	(2) Participants			94675					
	(3) Others (including rollovers)			20008					
	Other income (loss)			-40109					
	()			40100		133268			
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c			133200			
d	Benefits paid (including direct rollovers and insurand to provide benefits)	•	8d	-2229					
е	Certain deemed and/or corrective distributions (see								
_	Administrative service providers (salaries, fees, com	•							
g	Other expenses	,							
	Total expenses (add lines 8d, 8e, 8f, and 8g)					-2229			
_						135497			
;	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					100-107			
j	manarora to (morn) the plan (ace manuchons)		··· 8j						

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Part IV	Plan Characteristics	

-				• • • •			,0
9a	If the	plan	provi	des	pensior	n bene	fits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction
	2E	2F	2G	2J	2K	2T	3D

D	in the plan provides wellare benefits, enter the applicable wellare reature codes from the List of Plan Charac	tensu	C Cou	es in ir	ie instruct	lions.		
ar	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	nt	
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					45000
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	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								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	olete \$	Sched	ule SB	(Form	П,	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Π,	Yes	X No
	(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 instruct granting the waiver. Montivou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year			12b				
				12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
е	Will the 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							
I3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?					П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			_	•	_
•	3c(1) Name of plan(s):		13	c(2) EI	V(s)	13	Bc(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					I		
SB c	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/05/2012	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

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

OMB Nos. 1210-0110 1210-0089

2011

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	Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning 01/01/201	4	and anding A	0/04/0	2044				
				2/31/2					
			-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is:		eturn/report						
		•	n year return/report (less than 12 mg	onths)					
C	Check box if filing under:		extension	•	DFVC program				
	special extension (enter description								
	rt II Basic Plan Information—enter all requested information	ation							
	Name of plan			1b	Three-digit				
EAS'	TERDAY 401(K) PROFIT SHARING PLAN				plan number (PN) • 001				
		**		·1c	Effective date of plan				
20	Dian anangara name and address include years or cuite number (e	mplayer if	for a single completer plan	2 h	01/01/2007				
EAS	Plan sponsor's name and address; include room or suite number (e TERDAY FARMS		ior a single-employer plan)	2D	Employer Identification Number (EIN) 91-1520161				
1816	. , ; N 20			2c	Sponsor's telephone number 509-547-9600				
	CO WA 99301		•	2d	Business code (see instructions) 112111				
3a SAM	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	")	3b	Administrator's EIN				
OMIVI	<u>.</u>			3с	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the i	ast return/r	eport filed for this plan, enter the	4b	EIN				
_	name, EIN, and the plan number from the last return/report.			4c PN					
	Sponsor's name Total number of participants at the beginning of the plan year				T 				
				5a	91				
b	Total number of participants at the end of the plan year			5b	114				
	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances are participants.			5c					
	Were all of the plan's assets during the plan year invested in eligib		•		X Yes No				
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fe		·						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	477411		612908				
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	477411		612908				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	58694						
	(2) Participants	8a(2)	94675						
	(3) Others (including rollovers)	8a(3)	20008						
b	Other income (loss)	8b	-40109						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			133268				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	-2229						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				-2229				
i	Net income (loss) (subtract line 8h from line 8c)				135497				
j	Transfers to (from) the plan (see instructions)	- Ri	·						

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Page	~	-	

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Par	IIV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 2K 2T 3D	ture codes from the	List of Plan Chara	acteris	tic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature	ure codes from the L	ist of Plan Charac	cterist	ic Cod	es in t	he instructio	ns:	
Part	V Compliance Questions					· · · · · · · · · · · · · · · · · · ·			
10	During the plan year:				Yes	No	,	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)		•	10b	-	х			
С	Was the plan covered by a fidelity bond?		•••••	10c	Х				45000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	persons by an insura ne benefits under the	ance carrier, e 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	f vear end.)		10a		Х			
h		e instructions and 2	9 CFR	10g		Х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i					
Part				·					
11	Is this a defined benefit plan subject to minimum funding requirements							Yes	No No
12	Is this a defined contribution plan subject to the minimum funding req							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)	•						
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.		Mon	th					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule M				г				
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					12c		,	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•	- ·			12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	***************************************				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							<u> </u>	
13a	Has a resolution to terminate the plan been adopted in any plan year?						Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, tra		, ,					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	he pla	n(s) to				
1	3c(1) Name of plan(s):			ļ	13	c(2) E	IN(s)	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report	t will be assessed i	unless reasonab	le cau	ıse is	estab	lished		
SBo	er penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well a f, it is truje, correct, and complete.								
	L. L. R. Koudan	10/3/12	CODY A. EAST	EBD.	ΔΥ				
SIG		10111							
	Signature of plan administrator	Date	Enter name of ir	naividi	uai sig	ning a	s pian admir	ustrator	
SIG									
HER	Signature of employer/plan sponsor	Date	Enter name of ir	ndivid	ual sig	ning a	s employer o	or plan sp	onsor