	FORM 5500-5F Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				2	2011		
En	Department of Labor nployee Benefits Security Administration	SA), and sections 6057(b) and 6058 Code (the Code).	7(b) and 6058(a) of This Form is Open to					
Pension Benefit Guaranty Corporation Inspection						pection		
		entification Information	4	and and in a	0/04/4	2044		
-	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2			
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	bant plan	
B	This return/report is:	the first return/report		eturn/report				
_				in year return/report (less than 12 mc	onths)	—		
C	C Check box if filing under:							
		special extension (enter descriptio	,					
		nation—enter all requested informa	ation		16	The second state		
	Name of plan	101(K) PROFIT SHARING PLAN			D	Three-digit plan number		
nool						(PN) 🕨	001	
					1c	Effective date of 01/01	•	
	Plan sponsor's name and addre ERS POTATO SERVICE, LLC	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 91-17		
6/10	N RAILROAD AVE				2c	Sponsor's telep 509-54		
	CO, WA 99301				2d	Business code (11121	,	
	Plan administrator's name and ERS POTATO SERVICE, LLC	address (if same as plan sponsor, er 6419 N RAILF	ROAD AVE		3b	Administrator's I 91-17	EIN 29977	
PASCO, WA 9					3c	Administrator's t 509-545	elephone number 5-9918	
4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.				report filed for this plan, enter the	4b EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		7	
b Total number of participants at the end of the plan year					5b			
C Number of participants with account balances as of the end of the pl complete this item)					5c		5	
6a Were all of the plan's assets during the plan year invested in eligible				(See instructions.)			X Yes 🗌 No	
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	12701			23134	
b	Total plan liabilities		7b					
C	Net plan assets (subtract line 7	'b from line 7a)	7c	12701			23134	
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal	
а	Contributions received or rece	vable from:	8a(1)	3440				
			8a(2)	3440				
			8a(3)	3867				
b	()			-314				
С	Total income (add lines 8a(1), 8	8a(2), 8a(3), and 8b)	8c				10433	
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	0				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	0				
f	Administrative service provider	s (salaries, fees, commissions)	8f	0				
g	•		8g					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				0	
i		e 8h from line 8c)					10433	
j	Transfers to (from) the plan (se	ee instructions)	8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV **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: 2A 2E 2F 2G 2J 2K 3B 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 25000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h i. If 10h was answered "Yes," check the box if you either provided the required notice or one of the Х exceptions 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? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500)).... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes (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 instructions, and enter the date of the letter ruling granting the waiver.Month _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Yes Х No If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No 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 C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 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.	10/11/2012	MARY K. ROGERS
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

		Report of Small Employ Plan	CMB Nos. 1210-0110 1210-0089					
Internal Revenue Service This form is required to be filed			ctions 104 and 4065 of the Employe	2011				
Err			SA), and sections 6057(b) and 6058 Code (the Code).	(a) of	a) of This Form is Open to Public			
Pe	ension Benefit Guaranty Corporation	the instructions to the Form 550	0-SF.	Inspection				
Pa	Partile Annual Report Identification Information							
For	For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A 1	This return/report is for: X a single-employer plan		a one-participant plan					
	This return/report is: the first return/report							
B This return/report is: an amended return/report a short plan year return/report (less than 12 months)								
~		DFVC program						
	C Check box if filing under: X Form 5558 automatic extension DFVC program							
Citizens Cit								
10000-00-0	Basic-Plan Information-enter all requested infor	mation		41				
	Name of plan			מו	Three-digit plan number			
ROG	ERS POTATO SERVICE, LLC 401(K) PROFIT SHARING PLAN				(PN) * 001			
				1c	Effective date of plan			
					01/01/2010			
2a ROG	Plan sponsor's name and address; include room or suite number ERS POTATO SERVICE, LLC	(employer, if	for a single-employer plan)	2b	Employer Identification Numb	er		
				0	(EIN) 91-1729977			
				20	Sponsor's telephone number 509-545-9918			
	N RAILROAD AVE CO WA 99301			2d	Business code (see instruction	ns)		
-30	Plan administrator's name and address (if same as plan sponsor,	ontor "Same	<u>۱</u>	111210 Bb Administrator's EIN				
SAM		enter Same	· /	50	Auministrators Env			
				3c Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/	report filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report.			· · ·				
	Sponsor's name			4c	PN			
.5a	Total number of participants at the beginning of the plan year			<u>5a</u>		7		
b	Total number of participants at the end of the plan year	•••••••••••••••••		5b		5		
C	Number of participants with account balances as of the end of the	e plan vear (iefined henefit plans do not		5c 5			
6a			·····	50	X Yes [5 No		
	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of	lible assets? of an indeper	(See instructions.)	PA)] No		
b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibilit	jible assets? of an indeper ty and condit	(See instructions.) Ident qualified public accountant (IQ	PA)				
b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use	jible assets? of an indeper ty and condit	(See instructions.) Ident qualified public accountant (IQ	PA)] No		
b Pa	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use retuin Financial Information	pible assets? of an indeper ty and condit Form 5500-	(See instructions.) ident qualified public accountant (IQ ions.) SF and must instead use Form 55	PA)	X Yes [] No		
b Pa 7	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use rtilling Financial Information Plan Assets and Liabilities	pible assets? of an indeper y and condit Form 5500-	(See instructions.) ident qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year	PA) 00.	X Yes (] No] No		
b Pa 7 a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use rtilling Financial Information Plan Assets and Liabilities Total plan assets	pible assets? of an indeper y and condit Form 5500-	(See instructions.) ident qualified public accountant (IQ ions.) SF and must instead use Form 55	PA) 00.	X Yes (] No		
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b Pa 7 a b c 8 a b c d e f g	 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use Fill Financial Information Plan Assets and Liabilities Total plan assets Total plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) 	jible assets? of an indeper y and condit Form 5500- 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8c 8d 8c 8c 8c 8d 8c 8c 8d 8c 8c 8c 8d 8c 8c 8d 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	(See instructions.)	PA) 00.	(b) End of Year (b) End of Year 2 (b) Total] No] No 3134 3134 0433		

the instructions for Form

Form 5500-SF (2011) v.012611

	Form 5500-SF 2011 Page 2 - 1						
Par	Plan Characteristics				<u></u>		
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 3B 3D						
þ	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	les in tl	ne instructio	ns:	
Part	V Compliance Questions			<u></u>		<u></u>	<u> </u>
10	During the plan year:		Yes	No	A	mount	
в.		d described in					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
c	Was the plan covered by a fidelity bond?	10c	X				25000
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			
e	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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a	1	X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		×			
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		х			
Part	W Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
40	5500))						s X No s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ection	302 OT	ERISA?		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and 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 year			12c			
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u></u>	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?			\Box	res X No		<u> </u>
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	'	13a		· · ·	·	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					s 🛛 No	
с 	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	in(s) to)			
13c(1) Name of plan(s):				c(2) E	N(s)	13c(3) PN(s)
Caut	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	use is	estab	lished.	. 	
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret	urn/re	port, ii	ncludin	g, if applical		
	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.	repor	τ, and	io the	best of my k	nowledg	je and

SIGN Alung bran	10/09/12	MARY K. ROGERS
HERE Signature of plan administrator	Date /	Enter name of individual signing as plan administrator
SIGN Arach Taza	10/09/12	- Joul C. Rogers
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor