Form 5500-SF

Department of the Treasury Internal Revenue Service

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 2011

OMB Nos. 1210-0110

1210-0089

Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration 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 **BROETJE ORCHARDS SALARIED 401(K) PLAN** (PN) ▶ 002 1c Effective date of plan 05/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number **BROETJE ORCHARDS** 91-0873596 (EIN) 2c Sponsor's telephone number 509-749-2217 1111 FISHHOOK PARK DRIVE 2d Business code (see instructions) PRESCOTT, WA 99348 111300 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 1111 FISHHOOK PARK DRIVE BROFTJF ORCHARDS PRESCOTT, WA 99348 Administrator's telephone number 509-749-2217 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..... 1163 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 171 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 1231766 1730175 Total plan assets..... 7a 7b Total plan liabilities..... 1231766 1730175 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: 290496 8a(1) (1) Employers 306292 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 12208 **b** Other income (loss)..... 8b 608996 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 110587 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 110587

8h

8i

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

498409

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Form	5500-5	F 2011	

Page 2 -	1
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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2T 3D 3H
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amo	unt	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	X				5	00000
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				
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					27384
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
rt VI Pension Funding Compliance		<u> </u>					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					<u> </u>	Yes	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
			/UZ UI L				^ INO
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			702 OI E				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 instrugranting the waiver.	ctions,	and e	nter the	e date d	of the le	tter rulir	ng
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter the	e date d	of the le	tter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions, nth	and e	nter the Day _	e date d	of the le	tter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	nter the	e date d	of the le	tter rulir	ng
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	nter the Day _	e date d	of the le	tter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day	e date d	of the le	tter rulir	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day	e date d	of the le	tter rulir	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f you 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. C Enter the amount contributed by the employer to the plan for this plan year. C Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	e date d	of the le	tter rulir	ng ——
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date d	of the le Yea	tter rulir	ng ——
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you 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. 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 negative amount). E Will the minimum funding amount reported on line 12d be met by the funding deadline? T VII Plan Terminations and Transfers of Assets A Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. O Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	nter the Day	e date d	of the le Yea	tter rulir	ng N/A
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If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f you 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. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? TO VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. O Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	nter the Day	Yes X	The legal of the l	tter rulir	N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f you 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. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? TO VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. O Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	nter the Day	Yes X	The legal of the l	tter rulir	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	JAMES HAZEN
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

	Report Identification Information 2011 or fiscal plan year beginning	01/01/20	11.1	and ending		12/31/2011	
2000 Selection 20 20000 K	V a single employer plan						
The state of the s	This feed in Feed is 16.						
B This return/report is:	B This return/report is: U the first return/report U the final return/report						
	an amended return/report		A SECURITY OF THE PARTY OF THE	report (less than 12 m	ontns)		
C Check box if filing ur		automatic e	xtension			DFVC program	
	special extension (enter descrip						
	an Information—enter all requested infor	mation			41		
1a Name of plan	DC CALADIED 401/V) DIAN				10	Three-digit plan number	
BRUEIJE URCHAR	DS SALARIED 401(K) PLAN					(PN) D002	
						Effective date of plan	
						05/01/1997	
2a Plan sponsor's nam BROETJE ORCHAR	e and address; include room or suite number	(employer, if fo	r a single-e	mployer plan)	2b	Employer Identification Number	
BRUEIJE URCHAR	D3				2-	(EIN) 91-0873596	
1111 FISHHOOK	PARK DRIVE					Sponsor's telephone number 509-749-2217	
						Business code (see instructions)	
PRESCOTT	WA 99348					111300	
3a Plan administrator's	name and address (if same as plan sponsor,	enter "Same")			3b	Administrator's EIN	
BROETJE ORCHAR	DS					91-0873596	
1111 FISHHOOK PRESCOTT	PARK DRIVE WA 99348				Зс	Administrator's telephone number 509-749-2217	
	EIN of the plan sponsor has changed since th	e last return/rep	oort filed for	this plan, enter the	4b	EIN	
a Sponsor's name	e plan number from the last return/report.				4c	PN	
5a Total number of pa	rticipants at the beginning of the plan year				5a	90	
b Total number of pa	rticipants at the end of the plan year				5b	1163	
	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					171	
	n's assets during the plan year invested in elig						
	waiver of the annual examination and report						
under 29 CFR 252	0.104-46? (See instructions on waiver eligibility	y and condition	is.)			X Yes No	
	No" to either 6a or 6b, the plan cannot use	Form 5500-SF	and must	instead use Form 55	00.		
	l Information				Т		
7 Plan Assets and Lis			(a) B	eginning of Year 123176		(b) End of Year	
				123176	0	1730175	
reservice to the second				10217		1720175	
American Section 1997	btract line 7b from line 7a)	7с		123176	0	1730175	
	and Transfers for this Plan Year			a) Amount	+	(b) Total	
(A)	ved or receivable from:	8a(1)		29049	6		
		and the second s		30629	2	a a	
(3) Others (including	ng rollovers)	SECOND SE					
b Other income (loss)	8b		1220	8		
c Total income (add I	ines 8a(1), 8a(2), 8a(3), and 8b)	8c				608996	
	ding direct rollovers and insurance premiums	8d		11058	7		
	d/or corrective distributions (see instructions)			2003-0001-000			
	ice providers (salaries, fees, commissions)						
					1		
	d lines 8d, 8e, 8f, and 8g)					110587	
	subtract line 8h from line 8c)		0.411			498409	
	the plan (see instructions)						
*	Notice and OMB Control Numbers, see the instructions	0				Form 5500-SF (2011)	

	Form 5500-SF 2011 Page 2 -		_				
Par	IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 2T 3D 3H	acteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	teristi	ic Cod	es in t	ne instruction	15:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No	А	mount	
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		Х			
C	Was the plan covered by a fidelity bond?	10c	Х			5	00000
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		х			
е	Were any fees or commissions pald 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		х			
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	Х				27384
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance	111					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp					Пу	Пи
-10	5500))		10			Yes	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of 1	ERISA?	Yes	X No
a	(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 instruction granting the waiver					letter rui	ling
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-758	Day .		- L	
	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of 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						
13a	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	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co			Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		130	(2) Ell	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.		

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 enrylled 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	1/ Com W/ Tay	10/12/17	James Hazen
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	V		
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor