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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	D-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 07/01/2011		and ending 0	6/30/20	012		
A	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	oant plan	
		•	eturn/report	L	_ ' '	·	
			•	ontho)			
_			in year return/report (less than 12 mo	ontns) F	7		
С	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested information	ition					
1a	Name of plan			1b	Three-digit		
	THOMAS GRAIN & LIVESTOCK CO., RETIREMENT PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of		
					01/04	/1971	
	Plan sponsor's name and address; include room or suite number (em THOMAS GRAIN & LIVESTOCK CO.,	nployer, if	for a single-employer plan)			fication Number	
JACI	THOMAS GRAIN & LIVESTOCK CO.,					70642	
				2c	Sponsor's telep		
	OX 50836			0.1.	208-523		
IDAH	O FALLS, ID 83405-0836			2d		see instructions)	
2-		. "0	m	O.L.	11110		
	Plan administrator's name and address (if same as plan sponsor, entarthomas GRAIN & LIVESTOCK CO., PO BOX 5083		·")	3D /	Administrator's I 82-01	=IN 70642	
07 (01	IDAHO FALLS		5-0836	3c /		elephone numbe	٠r
				,	208-523		
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/i	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			5a			
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not				
	complete this item)			5c			_
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes 1	No
b	3					V vaa □ •	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an		•			X Yes []	No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	JU			
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	307651			303349	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	307651			303349	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		6932				
	(1) Employers	8a(1)	0932				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-830				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				6102	
d	Benefits paid (including direct rollovers and insurance premiums		20.47				
	to provide benefits)	8d	6347				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	4057				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				10404	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-4302	_
i	Transfers to (from) the plan (see instructions)						
,		8j					

Form	5500.	SF.	201

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Part IV	Plan	Charac	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 2F 2G
- 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		A		
u	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		162			Am	ount	
	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			Х				
	on line 10a.)	10b						
С	Was the plan covered by a fidelity bond?	10c	Χ					50000
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					910
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					3625
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								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nlete	Schen	2 ماريا	B (Form	<u> </u>		
_	5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA	.?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc		and e	enter t	he date	of the l	etter rul	ina
	granting the waiverMon	+h		Do				
lf١	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13,			Day				
-	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			Day 12b				
b	Enter the minimum required contribution for this plan year		[
b c			[12b 12c				
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	[12b 12c 12d	/	Ye	ar	
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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	[12b 12c 12d		Ye		
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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? VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d	Ye	Ye	ar	
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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		12b 12c 12d	Ye	Ye	ar	
b c d	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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? VII Plan Terminations and Transfers of Assets	of a		12b 12c 12d	Ye	Ye	ar	
b c d e art 3a	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year 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? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a		12b 12c 12d	Ye	ye s No	No [
b c d e art 3a	Enter the minimum required contribution for this plan year	of a		12b 12c 12d	Ye	ye s No	No [] N/A
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes 2	ye s No	No [N/A
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes 2	ye s No	No [N/A
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes 2	ye s No	No [N/A
b c d e art 3a b	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes 2	ye s No	No [N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/13/2012	JACK THOMAS GRAIN
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	# /63 75 -	777	and anding	<u> </u>	5/30/2012
For calendar plan year 2011 or fiscal plan year beginning	7/01/20		and ending		
A This return/report is for:	a multiple-e	mpioyer plan (no	ot multiemployer)		a one-participant plan
B This return/report is: the first return/report	he final ret	-	• .		
an amended return/report a	short plan	year return/repo	rt (less than 12 mo	nths)	
C Check box if filing under: Form 5558	automatic e	extension			DFVC program
special extension (enter description))				,
Part II Basic Plan Information—enter all requested informat	ion				
1a Name of plan					hree-digit
JACK THOMAS GRAIN & LIVESTOCK CO., RETIREME	NT PLA	N			lan number
					ffective date of plan
					1/04/1971
2a Plan sponsor's name and address; include room or suite number (em	ployer, if fo	or a single-emplo	yer plan)		mployer Identification Number
JACK THOMAS GRAIN & LIVESTOCK CO.,					EIN) 82-0170642
					ponsor's telephone number
PO BOX 50836					08-523-0746 usiness code (see instructions)
TDAHO FATLS ID 83405-0836		ě			11100
IDMIO IZIMBO	er "Same"			3b A	dministrator's EIN
3a Plan administrator's name and address (if same as plan sponsor, end JACK THOMAS GRAIN & LIVESTOCK CO.,					2-0170642
PO BOX 50836		•	}		dministrator's telephone number 208-523-0746
TDNUM FAT.T.C TD 83405-0836	at raturalra	annet filed for this	nlan enter the	4b 8	
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.	ist returnine	port med for this	pian, once in	70 .	-114
a Sponsor's name				4c F	
5a Total number of participants at the beginning of the plan year		- 		5a	2
b Total number of participants at the end of the plan year	,			5b	2
 Number of participants with account balances as of the end of the plant 	lan year (d	efined benefit pia	ans do n o t	5c	2
complete this item)					X Yes No
6a Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions	.)tant.(10	 ₽∆\	
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	deni daginen ba	one accountant (re	. , y 	X Yes No
If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-S	SF and must ins	tead use Form 55	00.	
Part III Financial Information			·		
7 Plan Assets and Liabilities		(a) Begi	nning of Year		(b) End of Year
a Total plan assets	7a		3076	51	303349
b Total plan liabilities	7b			_	202240
c Net plan assets (subtract line 7b from line 7a)	7c		3076	27	303349
8 Income, Expenses, and Transfers for this Plan Year		(a)	Amount	Airbid.	(b) Total
a Contributions received or receivable from:	. 8a(1)		69	32	
(1) Employers					
(2) Participants	8a(3)				
(3) Others (including rollovers)	8b		8	30	
				Mariting 1997 Sq. 1998 St. 1998 St.	6102
 Total income (add lines 8a(1), 8a(2), 6a(3), and 6b) d Benefits paid (including direct rollovers and insurance premiums 				47	
to provide benefits)	<u>8d</u>	<u> </u>	63	47	
e Certain deemed and/or corrective distributions (see instructions)	1			- ∴	
f Administrative service providers (salaries, fees, commissions)	8f	<u> </u>	4.6		
g Other expenses		Leiban na filialia di di di	4.0)57	10404
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1			gg-W Sag-W	-4302
Net income (loss) (subtract line 8h from line 8c)	8i	HELF CALL STE		191. s 13.6	-4502 영화 대한지 : 12:51 원 (12:42 대한 14:43 원) 13:43 원 (13:43 원
j Transfers to (from) the plan (see instructions)	8j	e E			Form 5500-SF (2011)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	or Form 5500-	or.			v.012611

Form	5500.	QE.	201	,

Page	2	_	

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Pai	t IV Plan Characteristics		<u> </u>				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2J 2K 2F 2G	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 Chara	cterist	ic Cod	les in t	he instruction	ns:	
Par	V Compliance Questions	-					•
10	During the plan year:		Yes	No	Δ .	mount	
а	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			
С	Was the plan covered by a fidelity bond?	10c	х				50000
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 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	х		-		910
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.)	10g	X				3625
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		1 41. 3 1.	eff [4]
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	·					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete (Sched	ule SB	(Form	Yes	П №
	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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver. Mon rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions.	and e	nier th	e date of the	ear	lina
b	Enter the minimum required contribution for this plan year		Г	12b			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
С	Enter the amount contributed by the employer to the plan for this plan year		<u> </u>	12c	****		
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)	ofa		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						
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 of the PBGC?			ntrol		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.)	ne plar	n(s) to	·.			
1	3c(1) Name of plan(s):	ļ	130	(2) EII	N(s)	13c(3) PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						
SBO	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/ , it is true concect, and complete.	ırn/rep report,	ort, in and t	cluding o the b	g, if applicablest of my kn	e, a Sch owledge	edule and
SIG	Jack Thomas	s Gr	ain		, , ,		
HER		ndividu	al sigr	ning as	plan admini	strator	
SIG	Jack Thoma		_				
HER	E Signature of employer/plan sponsor Date 77712 Enter name of in	ndividu	al sign	ning as	employer o	olan sp	onsor

Enter name of individual signing as employer or plan sponsor