## 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		dance witl	h the instructions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 10/01/201	1	and ending 09	9/30/2	012			
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report a short plan year return/report (less than 12 months)							
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter description							
De		,						
	rt II Basic Plan Information—enter all requested informa	ation		1h	Thurs dist			
	Name of plan MERCIAL CREAMERY COMPANY 401K PLAN			ID	Three-digit plan number			
COM	MERCONE OREXINERY COMPANY TO THE EAST				(PN) ▶	002		
				1c	Effective date of	plan		
					01/01	/1984		
	Plan sponsor's name and address; include room or suite number (elementation of the company of th	mployer, if	for a single-employer plan)		Employer Identif		r	
COIV	MERCIAL CREAMERT COMPANT				(=114)	84450		
				2c	Sponsor's telep			
	OUTH CEDAR (ANE, WA 99201-7047		-	24			٥)	
SFOR	(ANL, WA 99201-7047			Zu	Business code ( 31150		S)	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	2")	3h	Administrator's I			
	MERCIAL CREAMERY COMPANY 159 SOUTH (	CEDAR	·	0.0		84450		
	SPOKANE, W	VA 99201-	7047	3с	Administrator's t		ber	
_	W. Elst Cal. L.	,		41.	509-747	′-4131		
4	If the name and/or EIN of the plan sponsor has changed since the language and the plan number from the last return/report.	ast return/	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			112	
b	Total number of participants at the end of the plan year			5b			111	
С	Number of participants with account balances as of the end of the p		-	0.0				
	complete this item)	• •	•	5c			111	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No	
b	Are you claiming a waiver of the annual examination and report of a					V v □	NI-	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo					X Yes	No	
Pa	rt III Financial Information	orin 5500-	SF and must instead use Form 550	<i>.</i>				
7			(a) Beginning of Veer		(b) End	of Voor		
-	Plan Assets and Liabilities	7-	(a) Beginning of Year 7973119		(b) End	8878441		
a	Total plan liabilities	7a	7676116					
0	Total plan liabilities		7973119			8878441		
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			(1.)			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai		
а	(1) Employers	8a(1)	326618					
	(2) Participants	8a(2)	265854					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)		1226578					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					1819050		
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	890519					
е	Certain deemed and/or corrective distributions (see instructions) $\ldots$	. 8e						
f	Administrative service providers (salaries, fees, commissions)	8f	23209					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				913728		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				905322		
j	Transfers to (from) the plan (see instructions)	8j						
			i					

Form	5500-	SF	201

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Part IV	Plan	Characteristics

- 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 3D
- 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:		``			_		
<b>5</b> 1 7		Yes	No		Am	ount	
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		Χ				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	İ			
C Was the plan covered by a fidelity bond?	10c	X		i			50000
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					2649
f Has the plan failed to provide any benefit when due under the plan?	10f		X	i			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X		1			16885
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						
rt VI Pension Funding Compliance			<u> </u>				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					—— Г	Yes	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X N
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	5 01 50	otion	002 01 1			]	ш.
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_					
<b>b</b> Enter the minimum required contribution for this plan year			12b	ı			
Enter the amount contributed by the employer to the plan for this plan year			12c	1			
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[	12d	İ			
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
rt VII Plan Terminations and Transfers of Assets							
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							
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		Γ	Yes	X N
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				-	
13c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s
					$oldsymbol{\bot}$		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/05/2013	MICHAEL GILMARTIN
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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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

Pa	rt I   Annual Report	Identification Information				
For	calendar plan year 2011 or fis	scal plan year beginning	10/01/2	2011 and ending		09/30/2012
Α 7	his return/report is for:	X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
_	his return/report is:	the first return/report	the final re	eturn/report		
_		an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	
C /	No. of the second College and the second college	☐ Form 5558 ☐	•	extension	,	DFVC program
C	Check box if filing under:			extension		
	5 . 5	special extension (enter description				
		rmation—enter all requested information	ation		46	The state of the s
	Name of plan	COMPANY 4011 DIAN			ar	Three-digit plan number
CO	WMERCIAL CREAMERY	COMPANY 401K PLAN				(PN) • 002
					1c	Effective date of plan
					ı	01/01/1984
		dress; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number
COI	MMERCIAL CREAMERY	COMPANY				(EIN) 91-0184450
···						Sponsor's telephone number
159	9 SOUTH CEDAR					509-747-4131
a D	7.7.7.T.T.	WA 00201 7047			2d	Business code (see instructions)
	OKANE	WA 99201-7047	. "0	21)	2 h	311500 Administrator's EIN
COI	Plan administrator's name ar MMERCIAL CREAMERY	nd address (if same as plan sponsor, er COMPANY	nter Same	,	SU	91-0184450
	9 SOUTH CEDAR				3с	Administrator's telephone number
SPO	OKANE	WA 99201-7047				509-747-4131
4		e plan sponsor has changed since the I	ast return/r	eport filed for this plan, enter the	4b	EIN
_		mber from the last return/report.			4c	PN
	Sponsor's name	at the beginning of the plan year	1.000		<del>-</del> 5а	112
	• •					
	· · ·	at the end of the plan year			5b	111
С		account balances as of the end of the p			5c	111
- 6a		s during the plan year invested in eligib				X Yes  No
		f the annual examination and report of				
	under 29 CFR 2520.104-461	? (See instructions on waiver eligibility a	and conditi	ons.)		X Yes   No
		ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III   Financial Infor	mation	T			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	797311	.9	8878441
b	Total plan liabilities		. 7b		-	
C	Net plan assets (subtract line	e 7b from line 7a)	. 7c	797311	. 9	8878441
8	Income, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rec		0=(4)	32661	8	
	• • • •		8a(1)	26585	-1	
				20303		
	., .	rs)		100655	_	
b	` '			122657	8	
C	•	), 8a(2), 8a(3), and 8b)	8c		_	1819050
d		ct rollovers and insurance premiums	. 8d	89051	9	
е	'	ective distributions (see instructions)	8e		1	
f		ders (salaries, fees, commissions)		2320	9	
١ ~		,			$\exists$	
g	•	d 0= 0f ==d 0=)				913728
h :	•	d, 8e, 8f, and 8g)			-	905322
!		line 8h from line 8c)			+	305322
	mansiers to (from) the plan	(see instructions)	· 8i	I		

Par		Plan Characteristics									
9a		plan provides pension benefits, enter the applicable pension feature $2F$ $2G$ $2J$ $2K$ $3D$	ure codes from the	List of Plan Charac	eristic	Code	es in 1	he instru	ctions	<b>5</b> :	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	٧	Compliance Questions									
10	Dur	ing the plan year:			Ye	s	No		Am	ount	
а	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	ım) <u>1</u>	0a		Х					
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)		0ь		Х					
С	Wa	s the plan covered by a fidelity bond?		1	0c X	.				5 (	00000
d		the plan have a loss, whether or not reimbursed by the plan's fidel ishonesty?			0d		х				
е	insu	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	0e X						26494
f	Has	the plan failed to provide any benefit when due under the plan?			Of		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	1	0a X					10	58856
h	If th	is is an individual account plan, was there a blackout period? (See	instructions and 29	O CFR	0h		Х				
i	If 10	Oh was answered "Yes," check the box if you either provided the reseptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	Oi						
Part		Pension Funding Compliance			*		•				
11	Is th	is a defined benefit plan subject to minimum funding requirements							. [	Yes	No
12		nis a defined contribution plan subject to the minimum funding requ								Yes	X No
	(lf "\	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)								
а	lf a	waiver of the minimum funding standard for a prior year is being ar	mortized in this plar	year, see instructi	ons, an	d en	ter th	e date of	the le	etter ruli	ng
lf v		nting the waiverompleted line 12a, completed line 12a, completed line 12a, complete lines 3, 9, and 10 of Schedule ME				_	Day .		100	u	
		er the minimum required contribution for this plan year				1	2b				
		er the amount contributed by the employer to the plan for this plan				1	2c		***		
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	us sign to the left of	а	1	2d				
е	_	the minimum funding amount reported on line 12d be met by the f					[	Yes	П	No	N/A
Part		Plan Terminations and Transfers of Assets								-	
		a resolution to terminate the plan been adopted in any plan year?				Γ	ΤY	es X	No		
····		'es," enter the amount of any plan assets that reverted to the empl			. 13a						
b	Wer	re all the plan assets distributed to participants or beneficiaries, tra	nsferred to another	plan, or brought ur	der the	con	trol		Γ	Yes	X No
С	If du	uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)				to			_	,	L
1		) Name of plan(s):				13c(	2) El	N(s)		13c(3)	PN(s)
								1 = 1114			
		A penalty for the late or incomplete filing of this return/report								<u></u>	
SB o	r Śch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and completed	declare that I have a s the electronic vers	examined this return sion of this return/re	n/repor port, a	, inc	luding the b	g, if appli est of m	cable, y knov	, a Sche wledge	edule and
	İ	1.000	1-7-13	MICHAEL GIL	MART	N					
SIG HER		2: A superior of the administration of the superior of the sup					ing co	nlan ad	minis*	rator	
gen	-		Date / 2	Enter name of ind		1			1151	ιαισι	
SIG			1.7-13	Michael	<u>G.,</u>			tin			
HER	(E	Signature of employer/plan sponsor	Date	Enter name of ind	ividual	signi	ng as	employe	er or p	ian spo	onsor

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