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).

2042

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete an entries in accord	ance with the instru	ctions to the Form 55t	00-3F.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2012		and ending	12/31/2012	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-pa	rticipant plan
B This ret	urn/report is:	the first return/report	he final return/report			
		an amended return/report	short plan year retur	n/report (less than 12 m	nonths)	
C Check I	box if filing under:	☐ Form 5558 ☐ a	automatic extension		DFVC pro	ogram
• Onlook	oox ii iiiiiig anaon	special extension (enter description			Ц .	
Part II	Basic Plan Info	rmation—enter all requested informat	<u> </u>			
1a Name		Thation—enter all requested information	lion		1b Three-digit	
	•	RING PLAN AND TRUST FOR OREGO	ON		plan numbe	r
					(PN) •	004
					1c Effective da	te of plan
					01	/01/2007
	ponsor's name and add N FRUIT LLC	dress; include room or suite number (em	nployer, if for a single-	-employer plan)		entification Number -1726411
					2c Sponsor's te	alenhone number
111 MEADE	STREET					-829-5145
	98953-0000				2d Business co	de (see instructions)
						3100
3a Plan a	dministrator's name an	nd address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b Administrate	r's EIN
					3c Administrate	r's telephone number
					JC Administrate	i s telepriorie number
4 If the r	name and/or EIN of the	e plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b EIN	
		mber from the last return/report.				
a Spons	or's name				4c PN	
5a Total i	number of participants	at the beginning of the plan year			· 5a	70
b Total i	number of participants	at the end of the plan year			. 5b	67
		account balances as of the end of the pl	•	•	5c	24
	,	s during the plan year invested in eligible			., ., .	
		the annual examination and report of a				
		? (See instructions on waiver eligibility a				Yes No
		ther line 6a or line 6b, the plan canno				
Caution: A	penalty for the late of	or incomplete filing of this return/repo	ort will be assessed	unless reasonable ca	use is established	
		ner penalties set forth in the instructions				
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as well blete.	l as the electronic ver	rsion of this return/repor	rt, and to the best of	my knowledge and
SIGN	Filed with authorized/	valid electronic signature.	07/16/2013	DEAN DE MAINTENC	ON	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual cianina ac plan	administrator
SICN	· ·	valid electronic signature.	07/16/2013	DEAN DE MAINTEN	<u> </u>	aummstrator
SIGN HERE						lover or plan an array
Preparer's	Signature of emplo	yer/pian sponsor ame, if applicable) and address; include	Date	Enter name of individ		oyer or plan sponsor one number (optional)
i icpaici S	mame (moduling min n	amo, ii appiicabie <i>j</i> and address, include	Toom or suite number	η (οριιοπαι)	i reparer s telephi	ono number (optional)

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Dor	t III Financial Information							
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor	
		7-	(a) Beginning of Yea			(b) End of Year		
	Total plan assets						893892	
	Net plan assets (subtract line 7b from line 7a)	7b 7c	72160				893892	
	· · · · · · · · · · · · · · · · · · ·	76		70				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	1615	4				
	(2) Participants	8a(2)	3856	35				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	. 8b	12371	5				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					178434	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	615	0				
<u>e</u>	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)	8h					6150	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					172284	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in tl	he instructions:	
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 Fidure)			10a		X		
b		? (Do not	include transactions reported	10b		X		
C	Was the plan covered by a fidelity bond?			10c	Χ		500000	
d	, , ,			100			500000	
	or dishonesty?			10d		X		
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	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 a					X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the					
Part	1 1 5 11	1-3		10i				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter rulingYear	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

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	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 a 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?		Yes X 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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 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

2012

This Form is Open to Public Inspection

F	art I Annual Report Identification Information							
Foi	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2	012			
Α	This return/report is for: 🛛 🕱 a single-employer plan	a multiple-employer į	olan (not multiemployer)	a one	e-participant plan			
В	This return/report is:	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
С	Check box if filing under: Form 5558	automatic extension		DFVC	C program			
	special extension (enter description	1)						
P	art II Basic Plan Information enter all requested inform	mation						
1a	Name of plan			1b Three-d				
	STADELMAN FRUIT PROFIT SHARING PLAN AND TRUST	FOR OREGON		plan nur (PN) ▶	mber 004			
					e date of plan			
20	Discourage and add a significant and a significa			01/01,				
Zā	Plan sponsor's name and address; include room or suite number (el STADELMAN FRUIT LLC	mployer, if for a singl	e-employer plan)	2b Employer Identification Number (EIN) 91-1726411				
	111 MIADE CENTER				r's telephone number 829-5145			
	111 MEADE STREET				s code (see instructions)			
US	ZILLAH WA 98953-0000			493100				
3a	Plan administrator's name and address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b Administrator's EIN				
				3c Administrator's telephone number				
				Administrator's telephone number				
_								
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.	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	70			
b	Total number of participants at the end of the plan year			5b	67			
с —	Number of participants with account balances as of the end of the pl complete this item)	lan year (defined ben	efit plans do not	5c	24			
6a	a 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	•	•	,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	* *******	***************************************		X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan canno ution: A penalty for the late or incomplete filing of this return/rep				I			
	der penalties of perjury and other penalties set forth in the instructions							
SE	or Schedule MB completed and signed by an enrolled actuary, as we ief, it is true, correct, and complete.	ell as the electronic ve	ersion of this return/repor	t, and to the be	est of my knowledge and			
c	on Did almand	7/11/2013	PEAN A M	2111711141				
	RE Signature of plan administrator	Date	Enter name of individua					
) Ali Ali	7/11/2013	DEAN de Mi					
	GN Signature of employer/plan sponsor	Date		ual signing as employer or plan sponsor				
Pre	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				ephone number (optional)			
				100				

P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
a	Total plan assets	7a	722,21					893,892
b	Total plan liabilities	7b	6	03	1			
С	Net plan assets (subtract line 7b from line 7a)	7c	721,6	08				893,892
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:	0-(4)	16.1	E 4				
	(1) Employers	8a(1)	16,1		-			
_	(2) Participants	8a(2)	38,5	65	-			
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	102 7		-	(A)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	123,7	12	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
त	Benefits paid (including direct rollovers and insurance premiums	0L						178,434
	to provide benefits)	8d	6,1	50				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			() () () () () () () () () ()			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			6,150			6,150
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						172,284
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pa	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	c Cod	es in i	the instructi	ons:
	2E 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	eristic	Code	s in th	e instructio	ns:
Pa	art V Compliance Questions							
<u>10</u>	During the plan year:				Yes	No	,	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х		
C	Was the plan covered by a fidelity bond?		••••••	10c	х			500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
e	Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	f the bene	fits under the 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 vear e	nd.)	10g		х		
h		See instru	ctions and 29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				
Pa	Part VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
11:	5500) and line 11a below)				-	11a	***************************************	☐ 169 [37] 140
12	Is this a defined contribution plan subject to the minimum funding r						EDIGVA	Yes X No
			10000	UI SEC	aut 3	UZ UI	LNIOA!	L LES ET INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	ed in this plan year, see instruct	tions,	and e	nter th	ne date of the	ne letter ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule			101 _			у	. I Cal
		•			Т	4 a. T		
<u>b</u>	Enter the minimum required contribution for this plan year	•••••		•••••		12b		