For	rm 5500-SF	Short Form Annual	Return/Report c Benefit Plan	of Small Employ	yee		OMB Nos. 12 12	210-0110 210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be fil	е		2012			
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Intern	58(a) of This Fe		s Open to	Public		
	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instruc	ctions to the Form 550	0-SF.			
Part I	Annual Report Id Annual Report Id ar plan year 2012 or fisca	entification Information al plan year beginning 01/01/20	10	and ending 1	2/31/2	2012		
		a single-employer plan			2/31/2	-		
	turn/report is for:			an (not multiemployer)		a one-partici	pant plan	
B This ref	turn/report is:	the first return/report	the final return/report					
		an amended return/report		n/report (less than 12 m	onths	_		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter descript	,					
Part II		nation—enter all requested inform	nation				1	
1a Name STADELMAI	of plan N FRUIT PROFIT SHARI	NG PLAN AND TRUST			1b	Three-digit plan number (PN) ►	003	
					1c	Effective date o	•	
	ponsor's name and addre	ess; include room or suite number	employer, if for a single-	employer plan)	2b	1	fication Nur 26411	nber
111 MEADE					2c	Sponsor's telephone number 509-829-5145		
ZILLAH, WA	\$ 98953-0000				2d	Business code (see instructions) 493100		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	b Administrator's EIN		
4 If the r	name and/or EIN of the p	lan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN		
		er from the last return/report.			4c PN			
	or's name	the beginning of the plan year						440
		0 0 1 7			5a			110
		the end of the plan year			5b			107
	· ·	count balances as of the end of the		•	5c			37
		uring the plan year invested in elig					X Yes	No
		e annual examination and report o						— П. м.
		See instructions on waiver eligibility er line 6a or line 6b, the plan can					X Yes	No
		incomplete filing of this return/re						
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic		
SIGN	Filed with authorized/va	lid electronic signature.	07/16/2013	DEAN DE MAINTENC	N			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator	
SIGN	Filed with authorized/va	lid electronic signature.	07/16/2013	DEAN DE MAINTENON				
HERE	Signature of employe		Date	Enter name of individ	ual sig	gning as employe	er or plan sp	onsor
Preparer's	name (including firm nan	ne, if applicable) and address; inclu	ide room or suite numbe	r (optional)	Prep	parer's telephone	number (op	otional)

b Total plan liabilities	Part III Financial Information						
b Total plan labilities 7b 2200 1837 c Net plan assets (subtract line 7b from line 7a)	7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
c Nationally, Expanses, and Transfers for this Plan Year 7c 1830095 2120701 8 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions received or received or received in the set of the plan Year (b) Control (c) Amount (b) Total 9 Others including rollwers) 8a(1) 33089 (c) Amount (c) Participants 9 Others including rollwers) 8a(2) 94870 (c) Contained received or received instructions 6c 377237 10 Benefits pad (notuding direct rollwers and insurance premiums to provide benefits) 6c 67482 (c) Contained received instructions (c) Received instructions 6d 67482 (c) Contained received instructions 6d (c) 7485 9 Other expenses 6g (c) Contained received instructions 6d (c) 7485 (c) 7485 9 Other expenses 6g (c) Contained received instructions 7c (c) Participants (c) 7485 9 If the plan provides prefations benefits, enter the applicable ventile class roll of the plan Characteristic Codes in the instructions: 7c 1d 1d X 200042 X 200042	a Total plan assets	7a					2122531
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 33989 (a) Participants. 8a(2) 9470 9470 (b) Engloyees 8a(2) 9470 9470 (c) Other income (loss) 8a(2) 9470 9470 (c) Other income (loss) 8a(3) 6c 37722 (c) Benefits gail (including relicivation (see instructions) 6c 37722 (c) Benefits gail (including relicivation (see instructions) 6c 37722 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6c 37722 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6c 37722 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6c 37722 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6b 67452 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6b 67452 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6b 67452 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6b 67452 (c) Other expenses (and lines 8(1), 8a(2), and 8b) 6b 67452 (c) Oth	b Total plan liabilities	7b	229	0			1831
a Controlutions received or receivable from: Se(1) 33999 (1) Employees Se(1) 33999 (2) Participants Se(1) 33999 (3) Others function protocers) Se(2) 94870 (3) Others function protocers) Se(2) 94870 (3) Others function protocers Se(2) 94870 (4) Others function protocers Se(2) 94870 (5) Other function (sas) Se(2) 94870 (4) Other spents Se(1) 37327 (5) Other spents Se(1) 377327 (6) Certain deemed and/or corrective distributions (see instructions) Se(1) 377327 (7) Other spenses (add lines 8d. 8d. 6d. 8d. 4d. 8d.) Se(7482) Se(2) (7) Other provides restore boots (saturation Bit from line Boot) Se(1) 279684 (7) Transfers to (from) the plan (see instructions) g(1) Se(1) 279684 (7) Transfers to (from) the plan (see instructions) g(2) Se(1) 279684 (7) During the plan yae: <	C Net plan assets (subtract line 7b from line 7a)	7c	183085	5			2120700
(1) Employers 8a(1) 33089 (2) Participants 8a(2) 94570 (3) Other income (loss) 8a(3) 58 245488 (1) Total income (loss) 8a(2) 94570 377327 (2) Denter income (loss) 8a 245488 377327 (2) Denter income (loss) 8a 97482 377327 (2) Denter income (loss) 8a 97482 377327 (2) Denter segments 8d 97482 377327 (2) Denter segments 8d 97482 377327 (2) Denter segments 8d 97482 377327 (3) Other segments 8d 97482 377327 (4) Denter segments Battick (loss) 8g 377457 (5) Denter segments Battick (loss) 8g 377457 (5) Transfers to (loss) (subtract line 8d,	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
(2) Participants Ba(2) 94870 (3) Others (including rollovers) Ba(2) 94870 (3) Others (including rollovers) Bb 249468 C Total income (dast) Bb 86 (1) C Total expenses Bb 87482 (2) Other expenses Bg 0 (2) Other expenses Bg 0 (2) Transfers to (from) the plan (sea instructions) Bi 29944 (3) Transfers to (from) the plan (sea instructions) Bi Bi (4) If the plan provides presion benefits, enter the applicable wellare feature codes from the List of Plan Characteristic Codes in the instructions: (2) ZF 2G 2J 2K 30 30 (2) During the plan year: Yes No (3) U Compliance Questions 10 10a X (4) Wes there any nonexempt transactions with any participant contributions within the time perind described in the situations; 10a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
(3) Others (including rollovers) 8a(3) (3) Others (including rollovers) 8a(3) 8b 248468 (5) Other income (des) 8c 377327 (7) Devide banelity 8d 87482 9 (7) Other income (des) 8d 87482 9 (8) Devide banelity 8d 87482 9 (7) Other expenses 8d 87482 9 (8) Other expenses 8d 87482 9 (9) Other expenses 8d 81 9 9 (9) Other expenses 8d 81 28984 (11) Transfer to (from) the plan (see instructions) 8i 28984 7 (22) C27 23 21 24 30 30 81 28984 (12) W Compliance Questions 10a X 20 CFR 2510-31027 (See instructions and DOL's Volunary Faucary Correction Program) 10a X (10) Was three a faunce to transmit to the plan any participant contributions within the time period described in a 20 CFR 2510-31027 (See instructions and DOL's Volunary Faucary Correction Program) 10a X (10) Was three a lange a loss, whether or not relived some or all of the banelity and the plan any participant contributions within the time period described in a					_		
b Other income (loss) 8b 244468 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 6c 377327 G Derivable benefits) 8d 87482 G Control income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d 87482 G Certail decemed and/or corrective distributions (see instructions). 8d 87482 G Chain expenses 5g Control income (loss) (subtract line 8h from line 8c). 8d 8d 28984 I Net income (loss) (subtract line 8h from line 8c). 8d 8d 28984 J Transfers to (from) the plan (see instructions) 8j 7d 28984 I The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 26 CFR 250.3102 (See Codes in the instructions: D During the plan provides version benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the instructions: D Uring the plan spear Ves No Amount 0 During the plan spear Ves No Amount 0 Compliance Questions 100 X 200 (R 25			9487	0	_		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-			
d Benits paid (including direct rollovers and insurance premiums to provide benits)			24846	8			
to provide benefits). 8d 67452 e Certain deemed and/or corrective distributions (see, iconmission)	-	8C			_		377327
f Administrative service providers (sataries, fees, commissions) 8f g g Other expenses 8g g h Total expenses (add lines &d, Be, 8f, and 8g) 8h 87463 j Transfers to (from) the plan (see instructions) 8i 29864 j Transfers to (from) the plan (see instructions) 8j 29864 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D g Uthe plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 Vere there any nonexempt transactions with any parti-in-interest? (Do not include transactions reported in a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any parti-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan covered by a fidelity bond? 10c X 10d X c Was there any nonexempt transactions with any parti-in-interest? (Do not include transactions reported on a		8d	8748	2			
g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 6748. I Net income (loss) (subtract line 8h from line 8c) 8i 28984: I Transfers to (from) the plan (see instructions) 8i 28984: Part IV Plan Characteristics 8i 28984: 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2C 2X 3D 9b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Perf V Compliance Questions 10 Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program 10a X c Was the plan novexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10d X c Was the plan novered by a lidelity bond? 10c X 10d X c Was the plan nove a loss, whether or not reimbursed by the plans fidelity bond, that was caused by fraud or lish nonessity? 10d X 10d X c Was the plan nave any participant loars?	e Certain deemed and/or corrective distributions (see instructions)	8e					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f					
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g					
j Transfers to (from) the plan (see instructions) Bj 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: 2tcl: 2tcl: 2dc: 2dc: 3dc: Yes No Amount b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount 10 During the plan yea:: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3.102 (See instructions and DCL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a). 10b X C c Was the plan covered by a fidelity bond? 10c X 10d X Inc	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					87482
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: 2E 2F 2G 2J 2K 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3102? (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 X c Was the plan nove a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 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]. 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2 g	i Net income (loss) (subtract line 8h from line 8c)	8i					289845
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2t 2F 26 2X 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a 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 c Was there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was there a failure to intrasmit to the plan any party-in-interest? (Do not include transactions reported on line 10a.) 10c X c Was the plan covered by a fidelity bond? 10c X Id 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 Id g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Id g Did the plan have any partic	j Transfers to (from) the plan (see instructions)	8j					
2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 2G CFR 2510.3-102? (See instructions and DCL'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 X c Was the plan covered by a fidelity bond? 10c X Image: Covereint Covere	Part IV Plan Characteristics						
10 During the plan year: Yes No Amount a 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 × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b × 10a × c Was the plan covered by a fidelity bond? 10c × 10d × 10d × 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 ×	b If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Plan Chara	cterist	ic Coc	les in th	ne instructions:
a 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 X c Was the plan covered by a fidelity bond? 10c X 10c X 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 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.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X i If 10a 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. 10d X i If 10a 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. 10d					Vac	No	A
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 X c Was the plan covered by a fidelity bond? 10c X 10c X 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.) 10d X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X g Did the plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form \$5500) and line 11a below) 11a 11a Enter the amount from Schedule SB line 39. 11a 11a 11a		utions within th	ne time period described in		Tes		Amount
on line 10a.)			• · ·	10a		X	
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.) 10d 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 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g 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 X 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form \$500) and line 11a below). 11a 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 line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 4 4 12<				10b		Х	
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 X 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10g X 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 X Part VI Pension Funding Compliance 10i Yes 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 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 line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a 12 Is this a define	C Was the plan covered by a fidelity bond?			10c	Х		500000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			5	10d		x	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all	of the benefits	s under the plan? (See	10e		x	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10a		Х	
exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				Х	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the amount from Schedule SB line 39		•		10i			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part VI Pension Funding Compliance						
11a Ita 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 line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes a 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 rul granting the waiver. Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Ita	11 Is this a defined benefit plan subject to minimum funding requirer						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 rul granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 rul granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
A 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 rul granting the waiver		-					
	a 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						
b Enter the minimum required contribution for this plan year	If you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Form	5500), and skip to line 13.				

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	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							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)						

14a Name of trust	14b Trust's EIN

Form 5500-SF		Short Form Annual Re	/ee OMB Nos. 1210-01 1210-00					
Internal Revenue Service		This form is required to be filed	e	20	12			
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058 the Internal Revenue Code (the Code).				This Form is (Open to Public	
	ension Benefit Guaranty Corporation	 Complete all entries in accord 		-	0-SF.	Insp	ection	
Part I Annual Report Identification Information								
For o	alendar plan year 2012 or fis	cal plan year beginning	01/01/2012	and ending	12,	/31/2012		
ΑT	his return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer)	Ľ] a one-participan	t plan	
Вт	his return/report is:	the first return/report	the final return/report					
an amended return/report a short plan year return/report (less than 12 months)								
c c	heck box if filing under:		DFVC program					
special extension (enter description)								
Pa	rt II Basic Plan Info	rmation enter all requested inforr	mation					
••••••	Name of plan				1b ⊺	hree-digit	<u></u>	
	STADELMAN FRUIT PRO	FIT SHARING PLAN AND TRUS	г			lan number PN) ► 0	003	
			_			ffective date of pl		
		······································				5/01/1964		
2a	Plan sponsor's name and add STADELMAN FRUIT LLC	dress; include room or suite number (e	mployer, if for a single	e-employer plan)		mployer Identifica		
	SIRDBILING FROIT HEC					EIN) 91-1726		
	111 MEADE STREET				2c Sponsor's telephone number (509) 829-5145			
						Business code (se	e instructions)	
	ZILLAH	WA 98953-0000			493100			
3a	Plan administrator's name an	d address 🕱 Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b ∧	dministrator's EIN	1	
4	3c Administrator's telephone number							
		plan sponsor has changed since the later from the last return/report.	ast return/report filed	for this plan, enter the	4b E			
а	Sponsor's name				4 c P	'n		
5a	Total number of participants a	at the beginning of the plan year			5a		110	
		at the end of the plan year			5b		107	
С	Number of participants with a complete this item)	ccount balances as of the end of the p	lan year (defined ben	efit plans do not	5c		37	
		during the plan year invested in eligible			00	<u>ا</u>	X Yes No	
	•	the annual examination and report of a	,	· •••••••••••••••••••••••	^э А)	·····		
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	nd conditions.)			[X]Yes []No	
	If you answered "No" to eit	<u>her line 6a or line 6b, the plan canno</u>	ot use Form 5500-SF	and must instead use	Form 5	500.	<u>.</u>	
		or incomplete filing of this return/rep				• •		
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.								
SIC	IN DA allan		111/2013	DEAN	J. M	NN TENON		
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator								
SIC		-	7/11/2013	-		AINTEN ON		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								
		ame, if applicable) and address; includ			Prepare	er's telephone nur		
1.01	apermont Reduction ACL	ione and omb control numbers, se	ee me mou uctions t	01 FUTH 3300-3F.		Form	v 120126	

instructions.)

f

(a) Beginning of Year

(b) End of Year

х

х

12b

10e

10f

Part III **Financial Information** Plan Assets and Liabilities 7

		I _		_			0 100 501
a	Total plan assets	7a	1,833,14			2,122,531	
b	Total plan liabilities	7b 2,290		0			1,831
С	Net plan assets (subtract line 7b from line 7a)	7c 1,830,855		5			2,120,700
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	• •	33,98	0			
	(1) Employers	8a(1)					
	(2) Participants	8a(2)	94,87	0		<u></u>	
	(3) Others (including rollovers)	8a(3)					The second se
b	Other income (loss)	8b	248,46	8			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-	377,327
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	87,48	12			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u>–</u>	Other expenses	8g					
_ <u>g</u> h							87,482
							289,845
<u>+</u>							,
	j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension f	eature coo	les from the List of Plan Charact	eristi	c Cod	es in th	e instructions:
	2E 2F 2G 2J 2K 3D						
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Pa	rt V Compliance Questions						
10 During the plan year:					Yes	No	Amount
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in						. <u>' 10 </u>
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х	
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x	
	C Was the plan covered by a fidelity bond?						500,000
- c	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d	-		
	or dishonesty?					х	
e	e Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,						

10g х Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h 10h х 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the i 10i exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 Yes X No 5500) and line 11a below) 11a 11a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Yes X No 12 (If "Yes," complete line 12a or lines 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 а Month Day Year granting the waiver

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

insurance service or other organization that provides some or all of the benefits under the plan? (See

Has the plan failed to provide any benefit when due under the plan?

.....

b	Enter the minimum required contribution for this	plan y	/ear	*****
---	--	--------	------	-------