## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	<b>Identification Information</b>								
For calenda	ar plan year 2012 or fis	scal plan year beginning 07/01/2	2012	and ending 0	06/30/2	2013				
	turn/report is for:	a single-employer plan	<b>H</b>	olan (not multiemployer)	er) a one-participant plan					
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_				
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım			
		special extension (enter descr	iption)							
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
1a Name	of plan	·			1b	Three-digit				
JACK THOM	IAS GRAIN & LIVEST	OCK CO., RETIREMENT PLAN				plan number	004			
					4.	(PN) •	001			
					1C	1c Effective date of plan				
2a Plan a	noncer's name and ad	drace: include room or quite numbe	ur (ampleyer if for a single	omployor plan)	2h	01/04/1971				
JACK THON	MAS GRAIN & LIVEST	dress; include room or suite number OCK CO.,	er (employer, ii for a single	e-employer plan)	20	b Employer Identification Number (EIN) 82-0170642				
					20	(LIIV)				
PO BOX 508	226				20	<b>2c</b> Sponsor's telephone number 208-523-0746				
	LS, ID 83405-0836				2d	Business code (	see instructions)			
						11110	,			
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's				
ACK THOMA	AS GRAIN & LIVESTO	CK CO., PO BOX 50					70642			
		IDAHO FAI	LLS, ID 83405-0836		3c	Administrator's t	telephone number			
						200-320	5-07-40			
4 If the r	name and/or FIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN					
		mber from the last return/report.	no last rotani, roport mod	or the plan, enter the	- 70	LIIV				
<b>a</b> Spons	or's name				4c	PN				
5a Total	number of participants	at the beginning of the plan year			5a	ja l				
<b>b</b> Total i	number of participants	at the end of the plan year			5b		2			
C Numb	er of participants with	account balances as of the end of t	he plan year (defined ben	efit plans do not						
compl	lete this item)				5c		2			
6a Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instru	ctions.)			X Yes No			
		f the annual examination and report					Voc □ No			
		? (See instructions on waiver eligibi					X Yes   No			
		ther line 6a or line 6b, the plan c								
		or incomplete filing of this return					abla a Cabadula			
		her penalties set forth in the instruc nd signed by an enrolled actuary, a								
	true, correct, and comp				,	,				
	Filed with outborized	valid electronic signature.	03/31/2014	JACK THOMAS GRAI	N.I.					
SIGN HERE	riled with authorized/	valid electronic signature.	03/31/2014	JACK THOMAS GRAI	KAIN					
TILIXL	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator			
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor			
Preparer's	name (including firm n	ame, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)			

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Par	t III Financial Information		<u> </u>					
<u> Par</u>			(a) Baginning of Vac				(h) End of Voor	
	Plan Assets and Liabilities	7-	(a) Beginning of Yea		+		(b) End of Year	
	Total plan assets				+		360812	
	Net plan assets (subtract line 7b from line 7a)	76 7c	3033/	303349			360812	
		76		19				
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	686	57				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	5516	33				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					62030	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	456	67				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4567	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					57463	
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 2J 2K 2F 2G	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a				10a		X	Amount	
b		? (Do not	include transactions reported	10b		X		
	Was the plan covered by a fidelity bond?				X		50000	
				10c			50000	
d	or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		1077	
f	Has the plan failed to provide any benefit when due under the plan					X	1077	
				10f	~			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		·	10g	X		2235	
h ——	2520.101-3.)			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			10i				
Part	VI Pension Funding Compliance							
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	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   X   No							
	(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 beir granting the waiver.		Mor	ıth	, and e	enter th Day	ne date of the letter ruling Year	
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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

2012

This Form is Open to Public Inspection

Part   Annual Report Identification								
For calendar plan year 2012 or fiscal plan yea		01/2012	and ending	06/30/201	.3			
A This return/report is for:	-employer plan 🔲 a	multiple-employer pl	an (not multiemployer)	r) a one-participant plan				
B This return/report is:	B This return/report is:  the first return/report  the final return/report							
an amer	nded return/report 🔲 a :	short plan year return	/report (iess than 12 mo	onths)	•			
C Check box if filing under:	DFVC program							
special	extension (enter description)							
Part II Basic Plan Information—	enter all requested informati	on `						
1a Name of plan				1b Three-digit				
JACK THOMAS GRAIN & LIVESTO	CK CO., RETIREME	NT PLAN		plan number	001			
				(PN) 1c Effective date				
				01/04/197				
2a Plan sponsor's name and address; includ	e room or suite number (em	oloyer, if for a single-	employer plan)	2b Employer ider	tification Number			
JACK THOMAS GRAIN & LIVESTO	CK CO.,			(EIN) 82-0170642				
s.				2c Sponsor's tele	phone number			
PO BOX 50836	•	* .		208-523-0	0746 ·			
				2d Business code	e (see instructions)			
IDAHO FALLS ID	83405-0836	По В	O	111100				
3a Plan administrator's name and address	-	ne USame as Pian	Sponsor Address	3b Administrator's 82-01706				
JACK THOMAS GRAIN & LIVESTO	CK CO.,			3c Administrator's	s telephone number			
PO BOX 50836				208-523-0	746			
EO POY 20020					•			
IDAHO FALLS ID	83405-0836							
4 If the name and/or EIN of the plan sponso	or has changed since the las	t return/report filed fo	r this plan, enter the	4b EIN				
name, EtN, and the plan number from the								
a Sponsor's name			·	4c PN				
5a Total number of participants at the beginn	- ·			5a	2			
<b>b</b> Total number of participants at the end or	•			5b	2			
C Number of participants with account bala complete this item)				5c	2			
6a Were all of the plan's assets during the					. X Yes No			
<b>b</b> Are you claiming a waiver of the annual	examination and report of an	independent qualifie	d public accountant (IQ	PA)	₩ Vaa □ Na			
under 29 CFR 2520.104-46? (See instru					X Yes No			
If you answered "No" to either line 6a								
Caution: A penalty for the late or incomple Under penalties of perjury and other penalties					licable a Schedule			
SB or Schedule MB completed and signed by	an enrolled actuary, as well	as the electronic ver	sion of this return/report	t, and to the best of n	ny knowledge and			
belief, it is true, correct, and complete.	-							
SIGN JAMANUT		73	Jack Thomas G	rain				
HERE Signature of plan administrato	·	Date 326 M	Enter name of individ	lual sinning as plan a	dministrator			
Service MI II.	Grain							
HERE Signature of employer/plan sp	opeor	Date 224 M	Enter name of individ		ver or plan sponsor			
Preparer's name (including firm name, if appli					ne number (optional)			
,	, ,				, ,			
					analaksiya komanat olimbaksi sib			

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
а	Total plan assets	. 7a	303349		9	36081		
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	t plan assets (subtract line 7b from line 7a)			9	360		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)		6867				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)			- A			
b	Other income (loss)	8b		5516	3			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	A Land transport on the first transport of the House	int or by	43 21		62030	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			1 15 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		_				
- g	Other expenses	8g		456	7			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Ji Ki	32 172		4567	
i	Net income (loss) (subtract line 8h from line 8c)	i8		Espiilin Espiilin	K		57463	
j	Transfers to (from) the plan (see instructions)	8j			212			
Pa	rt IV Plan Characteristics		<u> </u>					
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G  If the plan provides welfare benefits, enter the applicable welfare f		·					
<b>b</b>		eature coo	es nom the List of Flam Orlans				To instruction.	
Par	tV Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		х		
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X		
	Was the plan covered by a fidelity bond?			10c	X		50000	
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
	<ul> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> </ul>	of the ben	efits under the plan? (See	10e	Х.		1077	
	Has the plan failed to provide any benefit when due under the plan					X.		
				10f	<b></b>	<del>                                     </del>	2025	
	Did the plan have any participant loans? (If "Yes," enter amount			10g	Х		2235	
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	,		10h		х		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Pai	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If	"Yes," see instructions and con	nplete	Sche	dule Si	3 (Form Yes No	
11	a Enter the amount from Schedule SB line 39				- 1	11a		
12	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 🗵 No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applic	cable.)	:				
	a If a waiver of the minimum funding standard for a prior year is be granting the waiver.		Mor	nth	, and	enter ti Day		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedu				<del></del> -	404	<u> </u>	
	b Enter the minimum required contribution for this plan year		***************************************			12b		

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			· .			·	
C Enter the amount contributed by the emple	oyer to the plan for this plan y	ear		12c			
d Subtract the amount in line 12c from the a negative amount)				12d			
e Will the minimum funding amount reporter	i on line 12d be met by the fur	nding deadline?			Yes	No	N/A
Part VII Plan Terminations and Tra	nsfers of Assets						
13a Has a resolution to terminate the plan been a	dopted in any plan year?			Y	es X No		
.lf "Yes," enter the amount of any plan ass	ets that reverted to the employ	yer this year		13a			
b Were all the plan assets distributed to par of the PBGC?						Yes	X No
c If during this plan year, any assets or liabilities were transferred	lities were transferred from thi	is plan to another pla	n(s), identify the plant	s) to			
13c(1) Name of plan(s):				13c(2) Ell	V(s)	13c(3)	PN(s)
			:	•			
	· · · · · · · · · · · · · · · · · · ·	<u>, ,</u>		···			
Part VIII Trust Information (optional	<u> </u>			-			
14a Name of trust	·			14b Tr	ust's EIN		
		•	* ************************************				