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

2013

This Form is Open to Public Inspection

Pensi	on Benefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instru	ctions to the Form 550	0-SF.		peotion
Part	I Annual Report	Identification Information					
For cal	endar plan year 2013 or f	iscal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
A This	s return/report is for:	x a single-employer plan		olan (not multiemployer)		a one-particip	oant plan
B This	s return/report is:	the first return/report	the final return/report				
		an amended return/report	<u> </u>	n/report (less than 12 mo	onths)	_	
C Che	eck box if filing under:	X Form 5558 X special extension (enter description	automatic extension			DFVC progra	ım
Dort	II Pacia Blan Infe		·				
Part		ormation—enter all requested inform	lauon		1h	Thurs a dissit	
	me of plan AMACHE FARMS, INC. I	PROFIT SHARING PLAN			ID	Three-digit plan number	
					10	(PN) •	001 f nlan
					10	Effective date of 07/01/	•
	an sponsor's name and ac GAMACHE FARMS, INC.	ddress; include room or suite number (e	employer, if for a single-	-employer plan)	2b	Employer Identif	
P.O. BO	V 202				2c	Sponsor's telep	
	NISH, WA 98948-0392				2d	Business code (see instructions)
3a Pla	an administrator's name a	nd address Same as Plan Sponsor I	Name Same as Plai	n Sponsor Address	3b	Administrator's E	
MOS GA	MACHE FARMS, INC.	P.O. BOX 392 TOPPENISH,	WA 98948-0392		3c		telephone number
4							
		e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
na	ime, EIN, and the plan nu	e plan sponsor has changed since the imber from the last return/report.	last return/report filed for	or this plan, enter the			
na a Sp	ime, EIN, and the plan nu onsor's name	mber from the last return/report.	· 		4c		17
a Sp 5a To	ame, EIN, and the plan nu onsor's name otal number of participants	amber from the last return/report.			4c 5a		17
a Sp 5a To b To c No	ame, EIN, and the plan nu consor's name stal number of participants stal number of participants sumber of participants with	s at the beginning of the plan years at the end of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b		17
a Sp 5a To b To c No	ame, EIN, and the plan nu onsor's name otal number of participants otal number of participants number of participants with omplete this item)	at the beginning of the plan years at the end of the plan yearaccount balances as of the end of the	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	
7 a Sp 5a To b To c No cc 6a W b A	ame, EIN, and the plan nu onsor's name Ital number of participants Ital number of participants Imber of participants with Implete this item)	an ber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year account balances as of the end of the last during the plan year invested in eligit of the annual examination and report of	plan year (defined bene ble assets? (See instruc an independent qualific	efit plans do not ctions.)ed public accountant (IQI	4c 5a 5b 5c	PN	17 15 X Yes No
7 a Sp 7 b To 8 c No 9 c C 9 b An 9 ur	ame, EIN, and the plan nu onsor's name stal number of participants stal number of participants umber of participants with simplete this item)	and a sat the beginning of the plan year	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.) ed public accountant (IQI	4c 5a 5b 5c	PN	17
5a To C No CC C No CC C I I I I I I I I I I I I I I I I I	ame, EIN, and the plan number of participants at all number of participants at all number of participants at all number of participants with amplete this item)	an ber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year account balances as of the end of the last during the plan year invested in eligible of the annual examination and report of the instructions on waiver eligibility either line 6a or line 6b, the plan cannot report of the line 6a or line 6b, the plan cannot report of the line 6a or line 6b, the plan cannot report of the line 6a or line 6b, the plan cannot report of the line 6a or line 6b, the plan cannot report the line 6a or line 6b, the plan cannot report the line for the line for line 6b, the plan cannot report the line for line 6b, the plan cannot report the line for line 6b, the plan cannot report the line for line f	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)ed public accountant (IQ	4c 5a 5b 5c	PN	17 15 X Yes No X Yes No
5a To C No CC C No CC C I I I I I I I I I I I I I I I I I	ame, EIN, and the plan number of participants at all number of participants at all number of participants at all number of participants with amplete this item)	and a sat the beginning of the plan year	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)ed public accountant (IQ	4c 5a 5b 5c	PN	17 15 X Yes No
a Sp 5a To c Nr cc 6a W b Ar ur If C If t	ame, EIN, and the plan number of participants at all number of participants at all number of participants at all number of participants with amplete this item)	at the beginning of the plan year	plan year (defined bene- ple assets? (See instructure an independent qualifier and conditions.) not use Form 5500-SF insurance program (see port will be assessed	efit plans do not ctions.)ed public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau	4c 5a 5b 5c 	PN 5500. Yes No established.	17 15 X Yes No X Yes No Not determined
a Sp 5a To c No cc 6a W b Ai ur If c If it	ame, EIN, and the plan number of participants at all number of participants with amplete this item)	and the beginning of the plan year	plan year (defined bene- ple assets? (See instruction an independent qualifier and conditions.) not use Form 5500-SF insurance program (see port will be assessed as, I declare that I have	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c PA) Form see is	PN 5500. Yes No established. cluding, if applica	17 15 X Yes No X Yes No Not determined able, a Schedule
a Sp 5a To c Nr cc 6a W b Al ur If c If the	ame, EIN, and the plan nu onsor's name bital number of participants at all number of participants at a number of participants with amplete this item)	and the beginning of the plan year	plan year (defined bene- ple assets? (See instruction an independent qualifier and conditions.) not use Form 5500-SF insurance program (see port will be assessed as, I declare that I have	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c PA) Form see is	PN 5500. Yes No established. cluding, if applica	17 15 X Yes No X Yes No Not determined able, a Schedule
a Sp 5a To c Nr cc 6a W b Al ur If C If the	ame, EIN, and the plan nu onsor's name bital number of participants at all number of participants at a number of participants with amplete this item)	at the beginning of the plan year	plan year (defined beneated by the assets? (See instruction an independent qualifier and conditions.)	efit plans do not ctions.)	5c Form oort, in , and the	5500. Yes No cluding, if applicate the best of my	17 15 X Yes No X Yes No Not determined able, a Schedule knowledge and
a Sp 5a To b To c No cc 6a W b An ur If c If t Cautio Under SB or S belief, i	ame, EIN, and the plan nu onsor's name ontal number of participants of participants and in the plan of participants with amplete this item)	at the beginning of the plan year	plan year (defined beneated by the plan year (defined beneated by the plan year (defined beneated by the plan year (See instruction and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report GRAHAM GAMACHE	5c Form oort, in , and the	5500. Yes No cluding, if applicate the best of my	17 15 X Yes No X Yes No Not determined able, a Schedule knowledge and
a Sp 5a To b To c No cc 6a W b Ai ur If c If t Cautio Under SB or S belief,	ame, EIN, and the plan nu onsor's name ontal number of participants of participants and in the plan of participants with amplete this item)	at the beginning of the plan year	plan year (defined beneated by the plan year (defined beneated by the plan year (defined beneated by the plan year (See instruction and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report GRAHAM GAMACHE	5c PA) See is sort, in , and the sual sign	PN 5500. Yes No established. cluding, if application the best of my ning as plan adm	17 15 X Yes No X Yes No Not determined able, a Schedule knowledge and
a Sp 5a To b To c No cc 6a W b An ur If C autio Under SB or S belief, HERE SIGN HERE	ame, EIN, and the plan number of participants at all number of participants at a participa	at the beginning of the plan year	plan year (defined bene- plan year (defined be	efit plans do not ctions.)	4c 5a 5b 5c PA) Form see is soort, in, and the sign and s	PN 5500. Yes No cestablished. cluding, if application the best of my ning as plan admining as employe	17 15 X Yes No X Yes No Not determined able, a Schedule knowledge and
a Sp 5a To b To c Ni cc 6a W b Ai ur If Cautio Under SB or S belief, i SIGN HERE Prepar JODI Co	ame, EIN, and the plan number of participants at all number of participants at a number of participants at a number of participants at a participants at a participants at a see you claiming a waiver of a you answered "No" to eat a participant and of the plan is a defined beneat a see a participant and of the plan is a defined beneat at is true, correct, and come a signature of plan a signature of employed.	at the beginning of the plan year	plan year (defined bene- plan year (defined be	efit plans do not ctions.)	4c 5a 5b 5c PA) Form see is soort, in, and the sign and s	PN 5500. Yes No cestablished. cluding, if application the best of my ning as plan admining as employe	17 15 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator or or plan sponsor number (optional)
a Sp 5a To c Nr cc 6a W b Ar ur If C If th Cautio Under SB or S belief, i SIGN HERE Prepar JODI C. RANDA 601 W.	ame, EIN, and the plan number of participants at all number of participants at a series at a number of participants at a number of parti	at the beginning of the plan year	plan year (defined bene- plan year (defined be	efit plans do not ctions.)	4c 5a 5b 5c PA) Form see is soort, in, and the sign and s	5500. Yes No established. Cluding, if applicate the best of my	17 15 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator or or plan sponsor number (optional)
a Sp 5a To c Nr cc 6a W b Ar ur If C If th Cautio Under SB or S belief, i SIGN HERE Prepar JODI C. RANDA 601 W.	ame, EIN, and the plan number of participants at all number of participants at a number of participants at a participant at a participants at a	at the beginning of the plan year	plan year (defined bene- plan year (defined be	efit plans do not ctions.)	4c 5a 5b 5c PA) Form see is soort, in, and the sign and s	5500. Yes No established. Cluding, if applicate the best of my	17 15 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator or or plan sponsor number (optional)

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor		
<u>'</u>	Total plan assets	7a	(a) Beginning of Tea				(b) Ella o	135202	26	
	Total plan liabilities	7b						.0020		
	Net plan assets (subtract line 7b from line 7a)	7c	557512	25				135202	26	
	Income, Expenses, and Transfers for this Plan Year	70					/b\ Ta			
	Contributions received or receivable from:		(a) Amount				(b) To	lai		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	57	' 5						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	57331	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						57389	90	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	479698	9						
е	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						479698	89	
	Net income (loss) (subtract line 8h from line 8c)	8i						-422309	99	
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:		
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 instructio	ns:		
Par	V Compliance Questions						_			
10	During the plan year:				Yes	No	A	mount		
a	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	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				500	0000
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused by fraud	10d		X				
	Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (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										
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Ye	s П	No
110	5500) and line 11a below)								_	
	Enter the unpaid minimum required contribution for current year fr		` '			11a	EDIO 4 G	П v-		NI-
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4!			andet C	- 1-44	!!	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter ti Day		e letter r /ear	uling	<u> </u>
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		<u> </u>	46'	1			
b	Enter the minimum required contribution for this plan year					12b	1			

Page	3 -		1
------	-----	--	---

С	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	dar plan year 2013 or f	iscal plan year beginning	01/01/201	3	and ending		12/31/2013		
A This re	eturn/report is for:	X a single-employer plan	a multiple-e	mployer t	olan (not multiemployer)		a one-participant plan		
B This re	eturn/report is:	the first return/report	the final ret	urn/report			_		
		an amended return/report	a short plan	year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	X automatic e	xtension			DFVC program		
		special extension (enter desc					r r - program		
Part II	Basic Plan Info	prmation—enter all requested in							
1a Name	A CONTRACTOR OF THE PARTY OF TH	enter an requested in	omation			1h	Three-digit		
		INC. PROFIT SHARING	PLAN				plan number		
							(PN) ▶ 001		
						1c	Effective date of plan 07/01/1970		
	ponsor's name and ac AMACHE FARMS,	ddress; include room or suite number INC.	er (employer, if fo	r a single	-employer plan)	2b	Employer Identification Number (EIN) 91-0862036		
P.O. B	OX 392					2c Sponsor's telephone number 509-865-2958			
						2d	Business code (see instructions)		
TOPPEN	ISH	WA 98948-039	2				111900		
	administrator's name a AMACHE FARMS,		or Name Sar	ne as Pla	n Sponsor Address	3b	Administrator's EIN 91-0862036		
						3c	Administrator's telephone number		
P.O. B	OX 392						509-865-2958		
TOPPEN		WA 98948-0392							
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/rep	ort filed for	or this plan, enter the	4b	EIN		
	or's name	mber from the last return/report.				4c	DN		
		at the beginning of the plan year		naoriszasároz		5a	1		
		at the end of the plan year				5b	17		
C Numb	er of participants with	account balances as of the end of t	he plan year (de	fined bene	efit plans do not		17		
						5с	15		
		s during the plan year invested in e					X Yes No		
under	29 CFR 2520.104-46	f the annual examination and repor ? (See instructions on waiver eligible	t of an independe ility and condition	int qualifie	ed public accountant (IQ	PA)			
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form	5500-SF	and must instead use	Form	5500.		
C If the	plan is a defined bene	it plan, is it covered under the PBG	C insurance prog	gram (see	ERISA section 4021)? .	П	Yes No Not determined		
Caution: A	nenalty for the late	or incomplete filing of this return	report will be a	seeseed	unless reconside es				
		her penalties set forth in the instruc							
SB or Sche	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a	s well as the elec	tronic ver	sion of this return/report	, and t	to the best of my knowledge and		
SIGN		ll			Graham Gamache	9			
HERE	Signature of plan a	dministrator	Date 9/	23/14	Enter name of individu	ıal sin	ning as plan administrator		
SIGN				1.1	Emer name of marvia	adi big	ming as plan administrator		
HERE	Signature of emplo	ver/plan enoneor	Date		Enter name of individual				
Preparer's		ame, if applicable) and address; in		te numbe	r (optional)		ning as employer or plan sponsor arer's telephone number (optional)		
Jodi Ca	alhoun				37 88 94	- 67	509-838-5500		
	l & Hurley, I								
601 W.	Kiverside Ave	e., Suite 1600			-				
Spokane	е	WA 99201							

Pa	t III Financial Information						·
7	Plan Assets and Liabilities	(a) Beginning of Year				•	(b) End of Year
а	Total plan assets	7a	55	25		1352026	
b	Total plan liabilities	7b			T		
C	Net plan assets (subtract line 7b from line 7a)	7c	55	7512	25	_	1352026
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:				0		
	(1) Employers	8a(1)			4		
	(2) Participants	8a(2)		5	/ 5 -		
	(3) Others (including rollovers)	8a(3)		222	-		
	Other income (loss)	8b	5	7331	13		570000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		573890
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	47	9698	39		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			┪		4796989
ī	Net income (loss) (subtract line 8h from line 8c)	81	 2 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/-		1		-4223099
丁	Transfers to (from) the plan (see instructions)	8)		-	1		
Par	t IV Plan Characteristics	<u> </u>					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K 3D	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions:
Ь	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteris	ic Coc	les in t	he instructions:
	<u> </u>						
Par	V 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 Fidure)	ciary Corr	ection Program)	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	x		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х	
ę	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan			_		Х	
				10f			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		Х	·
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)	·······		·	••••••		3 (Form Yes No
	Enter the unpaid minimum required contribution for current year for	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>
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,						
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	••••••	Mon		, and e	nter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Scheduk						
ь	Enter the minimum required contribution for this plan year					12b	