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

							tions to the Form 5			
Pa	rt I	Annual Report I	dentificatio	n Informatio	n					
For c	alenda	ar plan year 2013 or fis	cal plan year be	eginning 01/0	01/2013		and ending	12/31/	2013	
A T	his ret	turn/report is for:	X a single-em	nployer plan	a mul	tiple-employer pla	an (not multiemploye	r)	a one-partici	pant plan
B T	his ret	turn/report is:	the first retu	urn/report	the fir	nal return/report				
			an amende	d return/report	a shor	t plan year return	/report (less than 12	months	s)	
C c	heck b	box if filing under:	X Form 5558		auton	natic extension			DFVC progra	am
		g	special exte	ension (enter de	ш					
Par	t II	Basic Plan Infor	ш .	•						
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		N FRUIT PROFIT SHA	RING PLAN AN	ID TRUST FOR	OREGON				plan number	
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		ponsor's name and add N FRUIT LLC	aress; include ro	oom or suite nun	nber (employe	er, it for a single-e	empioyer pian)	26	Employer Identi (EIN) 91-17	ification Number 726411
								2c	Sponsor's telep	ohone number
		STREET							509-82	
ZILLAI	H, WA	\ 98953-0000						2d	Business code 49310	(see instructions)
3a 1	Plan ad	dministrator's name an	d address XSa	ame as Plan Spo	onsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
								3c	Administrator's	telephone number
									, turning rater c	tolophono nambol
		name and/or EIN of the		•	ce the last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
	name,	, EIN, and the plan num		•	ce the last ret	urn/report filed fo	r this plan, enter the			
a s	name, Sponso	, EIN, and the plan num or's name	nber from the la	st return/report.		· 	, ·	4c	PN	100
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Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	ar		
	Total plan assets	(4) 2-3					(b) E110		77163		
b	Total plan liabilities	7a 7b			+				11100		
	Net plan assets (subtract line 7b from line 7a)				893892			1177163			
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) :	Γotal			
	Contributions received or receivable from:		(a) Amount				(13)	Otai			
	(1) Employers	8a(1)	1707	7							
	(2) Participants	8a(2)	4032	3							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	23043	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	87836		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	334	4							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	120	4							
f	Administrative service providers (salaries, fees, commissions)	. 8f	1	7							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4565		
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						2	83271		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	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 Chara	acteris	tic Co	des in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instruc	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х					
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	Χ					5000	100
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X				3000	00
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
C	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		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•		Yes	X	No
112	Enter the unpaid minimum required contribution for current year fr					11a					
12					•		EDISA2	Ιп	Yes	X	No
14	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			or se	CHOII .	JUZ UI	LNISA!	LL	1 00	^	0
a	If a waiver of the minimum funding standard for a prior year is being	ng amortize	ed in this plan year, see instruc		and e	_	ne date of			ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			U1		Day		Yea	·		
	Enter the minimum required contribution for this plan year	•				12b					
	Enter the minimum required contribution for this plan year						I				

Page	3 -		1
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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 Gueranty 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Complete all entries in accordance with the instructions to the Form 5500 SE

	Part Annual Report Identification Information	dance with the inst	ructions to the Fo	orm 5500-SF.	
	Part Annual Report Identification Information or calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending		0/25/0040
	This return/report is for: x a single-employer plan	a multiple-employer			2/31/2013
	This return/report is: the first return/report			ployer) [a one-participant plan
	an amended return/report	the final return/repo			
C		a short plan year re		an 12 months)	_
Ö		automatic extension			DFVC program
	special extension (enter description	•			
	Part II Basic Plan Information enter all requested information enter all requested information	rmation			
16					Three-digit
	STADELMAN FRUIT PROFIT SHARING PLAN AND TRUS	T FOR OREGON			plan number (PN) ► 004
					Effective date of plan
2a	Plan snonsor's name and address; include recess as all				01/01/2007
	Plan sponsor's name and address; include room or suite number (estadelman fruit LLC	employer, if for a sing	le-employer plan)	2b	Employer identification Number (EIN) 91-1726411
				1	Sponsor's telephone number
	111 MEADE STREET				(509) 829-5145
	ZILLAH WA 98953-0000				Business code (see instructions) 493100
3a	Plan administrator's name and address X Same as Plan Sponso	r Name 🔲 Same as	Plan Sponsor Ado		Administrator's EIN
			• *************************************	,	Manual S Ella
				30	Administrate de tele-te
				1 30 /	Administrator's telephone number
	If the name and/or CIN of the start and				
	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/report filed	for this plan, enter	the 4b E	EIN
а	Sponsor's name				
ia	Total number of participants at the beginning of the plan year			4c F	² N
b	rotal number of participants at the end of the plan year			5a	108
C					99
				5c	25
u h		! Assets? (See instru	tions \		X Yes □No
~	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520 104-462 (See Instructions on waiver of the	n independent qualifi	ed public accounta	nt (IQPA)	
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot	nd conditions.)	******************	*************	XYes No
2	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins				
^aı	Ition: A secolation to the control of the control o	surance program (see	ERISA section 40	021)?	Yes No Not determined
Inc	ution: A penalty for the late or incomplete filling of this return/rep	ort will be assessed	unless reasonal	ole cause is e	stablished.
eli	or Schedule MB completed and signed by an enrolled actuary, as we ef, it is true, correct, and complete.	al as the electronic ve	rsion of this return	/report, and to	the best of my knowledge and
SI	3N L Welle	10/10/2014	77.00 40	16.1	
HE	RE Signature of plan administrator	 		<i>ielch</i>	
SIC		Date /0/10/2014	Enter name of ind	lividual signing	as plan administrator
	RE Signature of employer/plan sponsor	+ + +	TIM W		
rej	parer's name (including firm name, if applicable) and address; include	Date	Enter name of ind	lividual signing	as employer or plan sponsor
	5 minimum, n application and addices, include	room of suite numb	er (optional)	Prepare	er's telephone number (optional)
				The state of the s	A page and a second sec

Р	Part III Financial Information								
7	Plan Assets and Liabilities	The second secon	(a) Beginning of Yea	r	T		(b) End of Year		
а	Total plan assets	7a	893,8		†	1,177,1			
b	Total plan liabilities	7b			1		2,217,200		
С	Net plan assets (subtract line 7b from line 7a)	7c	893,8	92			1,177,163		
8	Income, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amount		 		(b) Total		
а	Contributions received or receivable from: (1) Employers	0-/43	17,0	77	100 (100 (100 (100 (100 (100 (100 (100				
_	(2) Participants	8a(1) 8a(2)	40,3				The state of the s		
	(3) Others (including rollovers)		40,3	23	19 001 201	*:510	A second		
<u>b</u>	Other income (loss)	8a(3) 8b	220.4	26	1110,710		The state of the s		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	230,4	36	210 AND	An open property of the Control of t			
d	Benefits paid (including direct rollovers and insurance premiums				1000		287,836		
	to provide benefits)	8d	3,3		11.000				
e f	Certain deemed and/or corrective distributions (see instructions)	8e	1,2		1000000				
	Administrative service providers (salaries, fees, commissions)	8f		17	Allen				
<u>g</u>	Other expenses	8g			2000				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	The second secon				4,565		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		**********			283,271		
	Transfers to (from) the plan (see instructions)	8j			7371		AND THE RESERVE OF THE PROPERTY OF THE PROPERT		
	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 3D	ature code	s from the List of Plan Charac	terist	c Cod	es in	the instructions:		
b									
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	eristic	Code	s in th	ne Instructions:		
Pa	art V Compliance Questions								
10	During the plan year:				Yes	N-			
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions within	the time period described in		res	No	Amount		
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	clude transactions conorted	10a		X			
	on line 10a.) Was the plan covered by a fidelity bond?	*************	************************************	10b		X			
d	Was the plan covered by a fidelity bond?			10c	Х		500,000		
	or dishonesty?	************	-	10d		x			
е		er persons	by an insurance carrier,			•			
	insurance service, or other organization that provides some or all o instructions.)	f the benef	its under the plan? (See	.			1		
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10e		<u> </u>			
g		. **************							
 -	DID THE DIST DAVE SUV Degreenent leeges At IIVee II1	_ =		10f		ж			
h	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10f 10g		x			
h —	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruct	d.)ions and 29 CFR						
h i	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes." check the box if you either provided the	See instruct	ions and 29 CFR	10g 10h		х			
i	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruct	ions and 29 CFR	10g		х			
i	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TEM Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	See instruct required r 3	ions and 29 CFR notice or one of the	10g 10h 10i	Sched	X X	B (Form		
i Pai 11	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	e required r 3er	d.)	10g 10h 10i	*********	x ule S	B (Form		
i Pai 11	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TOVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to minimum for current year from the subject to the unpaid minimum required contribution for current year from the subject to the	e required r 3ents? (If "Ye	d.)	10g 10h 10i		x ule S	Yes X No		
i Pai 11	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to the minimum funding requirement.	e required r 3ents? (If "Ye m Schedulequirement	d.)	10g 10h 10i		x ule S	Yes X No		
i Pai 11	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the initial subject to the minimum funding requirement. It is a defined contribution plan subject to the minimum funding requirement. It is a defined contribution plan subject to the minimum funding requirement.	e required r 3	d.)	10g 10h 10i blete	tion 30	x ule S 11a 02 of	ERISA? Yes X No		
i Pai 11 11a 12	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TOVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the state of the minimum funding requirement (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 being granting the waiver	e required r 3ents? (If "Ye m Schedul equirement as applicab g amortized	e SB (Form 5500) line 39s of section 412 of the Code code.)	10g 10h 10i blete	tion 30	x ule S 11a 02 of	ERISA? Yes X No		
i Pai 11 11a 12	If this is an individual account plan, was there a blackout period? (\$2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- TEVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from is this a defined contribution plan subject to the minimum funding requireme (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 being granting the waiver	e required r 3 ents? (If "Ye m Schedul equirement as applicat g amortized	es," see instructions and compose SB (Form 5500) line 39	10g 10h 10i 10i olete:	tion 30	x ule S 11a 02 of	ERISA? Yes X No		

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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				
13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Y ₁	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 of the PBGC?	ontrol		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) twhich assets or liabilities were transferred. (See instructions.)	0	· · · · · · · · · · · · · · · · · · ·	
1	3c(1) Name of plan(s):	(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a N	lame of trust	14b T	rust's EIN	1