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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I									
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/20)14	and ending 12	2/31/2014				
Δ This re	sturn/report is for	a single-employer plan							
A IIIISTO	turn/report is ior.	a one-participant plan	_ ` ` ` ` `	loyer information in accor	dance with the for	ii iiisti uctions)			
R This rot	urn/roport is		H ,	•					
D IIIISTE	lendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014								
		an amended return/report	La short plan year rett	um/report (less than 12 m	ioritris)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descri	ption)						
Part II	Basic Plan Inf	ormation—enter all requested info	ormation						
	of plan				_				
STADELMA	AN FRUIT PROFIT SH	HARING PLAN AND TRUST FOR OF	REGON						
		ddress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b Employer I	dentification Number			
STADELMAN FRUIT LLC					(EIN) 91-1726411				
ZILLAII, WA	1 90900-0000					,			
3a Plan a	administrator's name	and address XSame as Plan Spons	or						
Ju Flaire		and address Came as Flair opons	01.		OD /tarrimotra	101 5 2114			
					3c Administra	tor's telephone number			
4 If the	name and/or EIN of ti	he plan sponsor has changed since t	 the last return/report filed	for this plan, enter the	4b FIN				
				p,	12 2				
					+				
5a Total	number of participant	s at the beginning of the plan year				104			
b Total	number of participant	s at the end of the plan year			5b	(
		n account balances as of the end of t		•	5c	(
	,	articipants at the beginning of the pla			5d(1)				
d(2) To	tal number of active p	participants at the end of the plan yea	ır		5d(2)				
e Numbe	er of participants that	terminated employment during the p	lan year with accrued be	nefits that were	5e				
		or incomplete filing of this return							
SB or Sch	edule MB completed	other penalties set forth in the instruc and signed by an enrolled actuary, a							
	true, correct, and con			<u> </u>					
SIGN HERE	Filed with authorized	d/valid electronic signature.				-			
HEKE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN									
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (in	clude room or suite numb	per) (optional)	Preparer's telep	hone number (optional)			
					1				
1									

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accountations.)	int (IQ	PA)		×	Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not o	letermined
Par	t III Financial Information	•						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Yea	ar
<u>a</u>	Total plan assets	7a	11771					0
	Total plan liabilities	7b		0	_			0
	Net plan assets (subtract line 7b from line 7a)	7c	11771	163	_			0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	154	191				
	(2) Participants	8a(2)	366	31				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	668	392				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						119014
d	Benefits paid (including direct rollovers and insurance premiums		231	101				
	o provide benefits)	8d		949				
	Certain deemed and/or corrective distributions (see instructions)	8e		25				
	Administrative service providers (salaries, fees, commissions)	8f		20				
	Other expenses	8g						24165
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i						94849
	Net income (loss) (subtract line 8h from line 8c)		-12720	112				0.10.10
Par		8j	-12720	712				
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
10	During the plan year:				Yes	No	Amou	unt
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	ection Program)	10a		X		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ		
С	Was the plan covered by a fidelity bond?			10c	X			230000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		Χ		
е	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		X		
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 a	s of year e	nd.)	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
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter th Day		-

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)	`		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding				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 th	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?	, ,	under the o	control		X Ye	s No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify t	he plan(s) t	0			
1	3c(1) Name of plan(s):		1;	3c(2) E	IN(s)	13c(3) PN(s)
SS S	TEINER INC EMPLOYEES 401K PLAN		13-134	4180		002	
Part	VIII Trust Information (optional)						

14a Name of trust

14b Trust's EIN

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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

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2014

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OMB Nos. 1210-0110 1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

		rt identification information	l .							
For	r calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/20)14				
Α	This return/report is for:	a single-employer plan a one-participant plan	a multiple-employ of participating en a foreign plan	er plan (not multiemployer) aployer information in acco) (Filers checking rdance with the fo	(Filers checking this box must attach a list dance with the form instructions)				
В	This return/report is:	the first return/report	x the final return/rep	ort						
		an amended return/report	a short plan year	return/report (less than 12	months)					
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extensi	on	DFVC	program				
P	art II Basic Plan In	formation enter all requested								
	Name of plan	enter all requested	information		4b Thurs					
		ROFIT SHARING PLAN AND I	RUST FOR OREGON		1b Three-dig plan num (PN) ▶	004				
22	Discourse				1c Effective 01/01/					
۷a	STADELMAN FRUIT L	address; include room or suite num	per (employer, if for a si	ngle-employer plan)		r Identification Number				
			(EIN) 9	1-1726411						
	2C Sponsor's telephone number (509) 829-5145									
2-0	US ZILLAH WA 98953-000				2d Business 493100	code (see instructions)				
Ja	Plan administrator's name	and address X Same as Plan Sp	onsor Name		3b Administr	ator's EIN				
					3c Administrator's telephone number					
					The state of the profile Harriber					
4	If the name and/or EIN of t	ho nian anomas has also also also								
	name, Liv, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN					
<u>а</u> 5а	Sponsor's name				4c PN					
b	Total number of participant	ts at the beginning of the plan year	******************************	000000000000000000000000000000000000000	5a	104				
C	Number of participants with	ts at the end of the plan year	***************************************		5b	0				
	complete this item)	n account balances as of the end of	************************		5c	0				
u	1) Total number of active p	articipants at the beginning of the pl	an year	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	5d(1)	82				
d((2) Total number of active participants the	articipants at the end of the plan yea	ar	,	5d(2)	0				
е —	icas than 100% vested .	t terminated employment during the	***********************	********************************	5e	2				
Ca	ution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be asses	sed unless reasonable ca	ause is establish	ned				
SE	ider penalties of periury and	other penalties set forth in the instru	ections. I dealers that I b							
	IGN / Mi W	elel	7/30/20		ich					
H	ERE Signature of plan ad	ministrator	Date							
	IGN		5410	Enter name of individu	iai signing as piar	n administrator				
	ERE Signature of employ		Date	Enter name of individu	ial signing as emr	lover or plan spansor				
Pre	eparer's name (including firm	n name, if applicable) and address; i	nclude room or suite nu	mber (optional)		phone number (optional)				
				,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one number (optional)				
					Production and the second					

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6a	Were all of the plan's assets during the plan year invested in eligible		14					
	Are you claiming a waiver of the annual examination and report of a					********	*******	X Yes No
								X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd conditions at use Form 5	.) 500-SF and must instead u				*******	IN TES LINU
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance progr	am (see ERISA section 402	117		700.	□ No	Not determine
	rt III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year		т		(h) Fool o	5 V
	Total plan assets	. 7a			+		(b) End o	
	Total plan liabilities		1,177,1	0	+			0
	Net plan assets (subtract line 7b from line 7a)		1 177 1		-			0
	Income, Expenses, and Transfers for this Plan Year		1,177,1((a) Amount	0.5	+-		(b) To	0
a	Contributions received or receivable from:		(4)				(10) 10	rtai
	(1) Employers	8a(1)	15,49	91				
	(2) Participants	8a(2)	36,6	31				
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	66,8	92				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						119,014
	to provide benefits)	. 8d	23,19	91				
	Certain deemed and/or corrective distributions (see instructions)	8e	94	49				
f	Administrative service providers (salaries, fees, commissions)	8f		25				7727
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						24,165
	Net income (loss) (subtract line 8h from line 8c)	. 8i						94,849
	Transfers to (from) the plan (see instructions)	8j	(1,272,012	2)				ALTERNATION OF THE SECOND
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	eature codes t	rom the List of Plan Characte	eristic	Code	s in the	e instructio	ns:
\perp	2E 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes fro	om the List of Plan Character	ristic (Codes	in the	instruction	
				10110	30000	111 (110	mon action	5 .
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut	tions within th	e time period described in		100			Allount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	clary Correction	n Program)	10a		Х		
	on line 10a.)	? (Do not incil	de transactions reported	10b		x		
C	Was the plan covered by a fidelity bond?			10c	x			220 00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	that was caused by fraud	100				230,00
	or disnonesty?	*************	201000500500000000000000000000000000000	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons by	an insurance carrier,					
	insurance service, or other organization that provides some or all instructions.)	of the benefits	under the plan? (See	100		x		
f	Has the plan failed to provide any benefit when due under the plan		***************************************	10e		-		
g				10f		X		
			\	<u> </u>				
h	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х	7 - 141 - 1	
h	If this is an individual account plan, was there a blackout period? (See instruction	ins and 20 CED					W. 1245-04
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 instruction	ins and 29 CFR	10h		x		
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	See instruction	ins and 29 CFR					
	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	See instructions ne required notices 1-3	tice or one of the	10h		х		
Par	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 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 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 10h was answered "Yes," check the box if you either provided the exceptions to provided the exceptions to provide the exception	See instruction recommended required not in the instruction recommendation required not in the instruction recommendation reco	tice or one of the	10h	chedu	X	(Form	☐ Yes ※ N
i Par 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 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to provided the exceptions to provide a provided the exceptions to provide the supplied to minimum funding requirem 5500) and line 11a below) If Enter the unpaid minimum required contribution for current year for the exceptions are provided to provide the exceptions to provide the exception to provide the	see instruction in required not in the require	tice or one of the "see instructions and comp SB (Form 5500) line 39	10h		x ile SB	*************	☐ Yes 🕱 N
Par	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 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to provide the exceptions to provided the exceptions to provided the exceptions to provided the exceptions to provided the exceptions to provide the exception to provide the exce	See instruction re required notice in the requirements? (If "Yes om Schedule requirements	" see instructions and comp SB (Form 5500) line 39 of section 412 of the Code o	10h		x ile SB	*************	Yes X N
i Par 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 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 If 10h was answered "Yes," check the box if you either provided the exceptions to provided the exceptions to provide a provided the exceptions to provide the supplied to minimum funding requirem 5500) and line 11a below) If Enter the unpaid minimum required contribution for current year for the exceptions are provided to provide the exceptions to provide the exception to provide the	see instruction in the required not in the required not in the requirements as applicable as applicable in the requirements.	"see instructions and comp SB (Form 5500) line 39 of section 412 of the Code o	10h 10i	ion 30	x lle SB	RISA?	Yes X N