Form 5500	Form 5500         Annual Return/Report of Employee Benefit Plan           Department of the Treasury Internal Revenue Service         This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).				
Department of Labor Employee Benefits Security Administration	<ul> <li>Complete all entries in accordance with the instructions to the Form 5500.</li> </ul>	2009			
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection			
Part I Annual Report Ider	ntification Information				
For calendar plan year 2009 or fiscal	plan year beginning 09/01/2009 and ending 08	/31/2010			
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or				
	a single-employer plan; a DFE (specify)				
<b>B</b> This return/report is:	the first return/report; the final return/report;				
	an amended return/report; a short plan year return/report (le	han 12 months).			
<b>C</b> If the plan is a collectively bargain	ed plan, check here.	νΠ			
<b>D</b> Check box if filing under:	Form 5558; automatic extension;	the DFVC program;			
	special extension (enter description)				
Part II Basic Plan Inform	nation—enter all requested information				
<b>1a</b> Name of plan	& LAND INC PROFIT SHARING PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001			
		<b>1c</b> Effective date of plan 09/01/2001			
2a Plan sponsor's name and addres (Address should include room or EVERGREEN STATE PROPERTIES	,	<b>2b</b> Employer Identification Number (EIN) 91-0920003			
		<b>2c</b> Sponsor's telephone number 425-348-4954			
PO BOX 2223 EVERETT, WA 98203	5810 FLEMING STREET EVERETT, WA 98203	2d Business code (see instructions) 531210			

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/19/2010	DAVID G. HUDSON				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN HERE							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons				
SIGN HERE							
	Signature of DFE	Date	Enter name of individual signing as DFE				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

	Plan administrator's name and address (if same as plan sponsor, enter "Same")		Iministrator's EIN 0920003
	ERGREEN STATE PROPERTIES & LAND INC	_	ministrator's telephone
	BOX 2223 ERETT, WA 98203		imber
		425	5-348-4954
			T
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN
а	Sponsor's name		<b>4c</b> PN
5	Total number of participants at the beginning of the plan year	5	3
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		-
а	Active participants	6a	3
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	6c	
d	Subtotal. Add lines 6a, 6b, and 6c	6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	3
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans	60	0
	complete this item)	6g	3
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

Page 2

Form 5500 (2009)

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a	<b>9a</b> Plan funding arrangement (check all that apply)					9b Plan benefit arrangement (check all that apply)					
	(1)		Insurance		(1)		Insurance				
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts				
	(3)	X	Trust		(3)	X	Trust				
	(4)		General assets of the sponsor		(4)		General assets of the sponsor				
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)										
а	Pensio	n Sc	hedules	b	General	<u>Sc</u> h	nedules				
а	Pensio (1)	n Sci	hedules R (Retirement Plan Information)	b	General (1)	Sch	nedules H (Financial Information)				
а		n Sci X		b		Sch X					
а	(1)	n Sc X	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1)	Sch X	H (Financial Information)				
а	(1)	n Sc X	<ul><li>R (Retirement Plan Information)</li><li>MB (Multiemployer Defined Benefit Plan and Certain Money</li></ul>	b	(1) (2)	Sch X	<ul><li>H (Financial Information)</li><li>I (Financial Information – Small Plan)</li></ul>				
а	(1)	n Sci	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1) (2) (3)	Sch X	<ul> <li>H (Financial Information)</li> <li>I (Financial Information – Small Plan)</li> <li>A (Insurance Information)</li> </ul>				

	SCHEDULE I	Financial Info	orma	ation—Sn	nall	Plan			OMB No. 1210-0110			
(Form 5500)												
	Department of the Treasury Internal Revenue Service Internal Revenue Code (the Code).								2009			
	Department of Labor Employee Benefits Security Administration			hment to Form			-	This	Form is Open to Public			
For	Pension Benefit Guaranty Corporation calendar plan year 2009 or fiscal plan year beg	ainnina 09/01/2009	2		2	nd ending	08/3	31/2010	Inspection			
	Name of plan	ginning coverizede	·		_	Three-digit						
	ERGREEN STATE PROPERTIES & LAND INC	PROFIT SHARING PL	AN.	_		olan numbe		•	001			
EVE	Plan sponsor's name as shown on line 2a of Fo ERGREEN STATE PROPERTIES & LAND INC				91-	mployer Id 0920003						
	mplete Schedule I if the plan covered fewer than all plan under the 80-120 participant rule (see ins							ete Scheo	dule I if you are filing as a			
Pa	art I Small Plan Financial Informat	tion										
ass ben	port below the current value of assets and liabilities the sets held in more than one trust. Do not enter the hefit at a future date. Include all income and expurance carriers. <b>Round off amounts to the new</b>	e value of the portion of enses of the plan includ	of an ins	surance contract	t that gu	uarantees	during thi	s plan ye	ar to pay a specific dollar			
1	Plan Assets and Liabilities:	-		<b>(a)</b> Be	ginning	of Year			(b) End of Year			
а	Total plan assets		1a			16	673435		1654559			
b	Total plan liabilities		1b				18969		19469			
С	Net plan assets (subtract line 1b from line 1a)		1c			16	654466	1635090				
2	Income, Expenses, and Transfers for this F	Plan Year:		(;	<b>a)</b> Amo	unt			<b>(b)</b> Total			
а	Contributions received or receivable:											
	(1) Employers		2a(1)									
	(2) Participants		2a(2)									
	(3) Others (including rollovers)		2a(3)									
b	Noncash contributions		2b									
С	Other income		2c				16410					
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b	o, and 2c)	2d						16410			
е	Benefits paid (including direct rollovers)		2e									
f	Corrective distributions (see instructions)		2f									
g	Certain deemed distributions of participant loa	ans										
h	(see instructions)		2g 2h				4400					
n i		· · · · ·	2h				31386					
1	Other expenses		2i				01000		35786			
J	Total expenses (add lines 2e, 2f, 2g, 2h, and 2	·	2j				-		-19376			
K	Net income (loss) (subtract line 2j from line 2d	·	2k				-		-13370			
<u>ו</u>	Transfers to (from) the plan (see instructions)		21	- Caller College in a se			· · · · · · · · · · · ·					
3	Specific Assets: If the plan held assets at anytic remaining in the plan as of the end of the plan year by-line basis unless the trust meets one of the sp	ar. Allocate the value of the	the plar	n's interest in a co		ed trust co	ntaining the					
				Г		Yes	No		Amount			
a	1,				3a		X					
b	Employer real property				3b		X					
С	Real estate (other than employer real property	/)			3c	X			976800			
d	Employer securities				3d		X					
е	Participant loans				3e		X					
For	r Paperwork Reduction Act Notice and OMB	Control Numbers, see	e the ii	nstructions for	Form 5	5500			Schedule I (Form 5500) 20			

chedule l	(Form	5500)	2009
		v.092	308.1

			Yes	No	Amount
3f	Loans (other than to participants)	3f	Х		197349
g	Tangible personal property	3g		Х	

Pa	art II	Compliance Questions				
4	During	g the plan year:		Yes	No	Amount
а	describe	ere a failure to transmit to the plan any participant contributions within the time period ed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully ed. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	year or	ny loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the ant's account balance.	4b		X	
C		ny leases to which the plan was a party in default or classified during the year as ctible?	4c		X	
d		ere any nonexempt transactions with any party-in-interest? (Do not include transactions d on line 4a.)	4d		X	
е	Was the	e plan covered by a fidelity bond?	4e	Х		306000
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	4f		X	
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		X	
h		plan receive any noncash contributions whose value was neither readily determinable on an hed market nor set by an independent third party appraiser?	4h		X	
i		plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel estate, or partnership/joint venture interest?	4i	Х		499300
j		I the plan assets either distributed to participants or beneficiaries, transferred to another plan, ght under the control of the PBGC?	4j		X	
k	account	claiming a waiver of the annual examination and report of an independent qualified public ant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 nt. (See instructions on waiver eligibility and conditions.)	4k	X		
I	Has the	plan failed to provide any benefit when due under the plan?	41		Х	
m		an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	4m		Х	
n		as answered "Yes," check the "Yes" box if you either provided the required notice or one of eptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? ," enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	lo /	Amount:

5b 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.)

5b(1) Name of plan(s)

	SCHEDULE R Retirement Plan Information								OMB No. 1210-0110						
	•	This schedule is required to be filed under section 104 and 4065 of the							2009						
	Inter	nal Revenue Service	Employee Retirement Income Security Act of 1974 (ERISA) and section												
E	mployee Be	partment of Labor nefits Security Administration		File as an attachment	``	,			This Fo	orm is O Inspec		Publi	C		
For		nefit Guaranty Corporation plan year 2009 or fiscal p	lan year beginning	09/01/2009		and endi	na	08/31/2	010	•					
	lame of p		sian your boginning			B	U	e-digit							
		STATE PROPERTIES &	LAND INC PROFIT SH	HARING PLAN			pla	n numb	er	001					
						-	(PI	N)	•	001					
СР	lan soon	sor's name as shown on li	ine 2a of Form 5500			D	Emr	olover Id	entificat	on Num	ber (EIN	1)	_		
		STATE PROPERTIES &				_		1-09200				-,			
_							-								
		Distributions es to distributions relate	only to paymonts of	bonofits during the pla	n voar										
						d to de a									
1		lue of distributions paid in ons						1							
2	Enter th	e EIN(s) of payor(s) who	paid benefits on behalf	of the plan to participant	s or benefici	aries during 1	the yea	ar (if moi	e than t	wo, enter	r EINs d	of the	two		
		who paid the greatest doll				C C									
	EIN(s)	:													
	Profit-s	haring plans, ESOPs, ar	nd stock bonus plans	, skip line 3.											
3		of participants (living or c						3					0		
Pa	art II	Funding Informati ERISA section 302, skip		subject to the minimum fu	unding requir	ements of se	ection c	of 412 of	the Inte	rnal Rev	enue C	ode o	r		
4	Is the pla	an administrator making an	election under Code se	ction 412(d)(2) or ERISA s	section 302(d)	(2)?			Yes		No	X	N/A		
	If the p	an is a defined benefit p	plan, go to line 8.												
5		ver of the minimum fundin ar, see instructions and er				e: Month _		Da	ау		Year				
		ompleted line 5, comple							chedule.						
6		er the minimum required c											0		
		er the amount contributed						6b					0		
		tract the amount in line 6b er a minus sign to the left						6c							
	lf you c	ompleted line 6c, skip li	ines 8 and 9.												
7	Will the	minimum funding amount	t reported on line 6c be	met by the funding dead	lline?				Yes		No		N/A		
8	If a chai	nge in actuarial cost meth	ad was made for this p	lan year purcuant to a ro		duro providir									
U	automa	tic approval for the change	e or a class ruling lette	r, does the plan sponsor	or plan admi	nistrator agre	e		Vac		No	П	N/A		
		change?							Yes		No		IN/A		
Pa	art III	Amendments													
9		a defined benefit pension at increased or decreased				_		_		_		_			
		. If no, check the "No" box				Increase		Decre	ease	Bot	th	N	No		
Pa	rt IV	ESOPs (see instr skip this Part.	ructions). If this is not a	plan described under Se	ection 409(a)	or 4975(e)(7	) of the	e Interna	al Reven	ue Code	,				
10	Were u	nallocated employer secu	rities or proceeds from	the sale of unallocated s	ecurities use	d to repay a	ny exei	mpt loar	ı?		Yes		No		
11	<b>a</b> Do	es the ESOP hold any pro	eferred stock?								Yes		No		
		he ESOP has an outstand ee instructions for definition								[	Yes		No		
12	Does th	e ESOP hold any stock th	nat is not readily tradab	le on an established secu	urities marke	t?					Yes		No		
For	Paperwo	ork Reduction Act Notic	e and OMB Control N	umbers, see the instruc	ctions for Fo	orm 5500.			Sc	nedule R	(Form	5500	) 2009		

•	01111	5500, 2005	
		v.092308.1	

Page **2-**1

Pa	rt V	1	Additional Information for Multiemployer Defined Benefit Pension Plans							
13			ollowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in See instructions. <i>Complete as many entries as needed to report all applicable employers.</i>							
	a	,	e of contributing employer							
	b	EIN C Dollar amount contributed by employer								
	d	Date	collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
			see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е		ribution rate information ( <i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
		. ,								
	а		e of contributing employer							
	<u>b</u>	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information ( <i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, plete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e		ribution rate information ( <i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, objecte items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

14a	3					
14b	3					
14c	3					
ke an						
15a	100.00					
15b	100.00					
16a						
16b						
	and see instructions regarding					
it Pensi	ion Plans					
struction	) of liabilities to such participants s regarding supplemental					
<ul> <li>If the total number of participants is 1,000 or more, complete items (a) through (c)</li> <li>a Enter the percentage of plan assets held as: Stock: 0.0% Investment-Grade Debt: 0.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 0.0%</li> <li>b Provide the average duration of the combined investment-grade and high-yield debt:</li> </ul>						
21 vears	21 years or more					
,						
	14b 14c ake an 15a 15b 16a 16b theck box or in part					

## FAX NO. :4253489248

Form 5500	Annual Return/Re This form is required to be fi			OMB Nos. 1210-0110 1210-0089
Depart ment of the Transury	and 4065 of the Employee Re	stimment Income Security	Act of 1974 (ERISA) and	
intern il Revenue Servică	sections 6047(s), and 80	58(a) of the Internal Rever	ue Code (the Code).	2009
Des artmans of Labor Employ so Benefics Security , \dministration		all entries in accordance tructions to the Form 55		
Pension Ber efit Guaranty Corporation				This Form is Open to Public Inspection
For celencer plan year 2009 or fi	dentification information	6/1/2009	and ending 6	13 200
A This return/report is for:	a multiemployer pla	in; 🗌 a mi	uitiple-employer plan; or	
	X a single-employer ;	blan; 📃 ə Di	FE (specify)	
B This mitum/report is:	the first return/repo	rt; 🚺 the f	final return/repurt;	
	an amended return	/report; 🔄 a sh	ort plan year reference	(leas than 12 months).
C If the plan is a collectively-be	rgained plan, oheck here			· · · · · · · · · · · · · · · · · · ·
D Check box if filing under:	Form 6658;	· · · · · · · · · · · · · · · · · · ·	omatic agencia	the DFVC program;
	special extension (			
1a Namin of plan	formation enter all requeste	ad information		1b Three digit plan
Evergreen State Properties & I	and Inc		•	number (PN) 1001
profit sherir g plan	· · · ·			1c Effective date of plan 9/1/2001
2a Pian spensor's name and a (Address should include ro	addrass (employer, if for a single- om or suite no.)	employer plen		2b Employer Identification Number (EIN)
Evergreen State Properties & I	and			91-0920003
inc			-1	2c Sponsor's telephone number
PO Box 2223		<b>♥</b> ::::::::::::::::::::::::::::::::::::		(425) 348-4954
Everett		WA	98203	2d Business code (see Instructione)
5810 Fleming Street				531210
Everatt	<u>av</u>	WA	98203	
Caution: A penalty for the late	ormesmores filing of this reta	rn/report will be assess	ed uniess reasonable ca	use la established.
Under penalt as of periary and other t	the instructions: I down	tectare that I have examined th	nis return/report, including acco	moenving schedules.
statements a xi attactimente as we	ne manufatoric yersion of this Alum	report, and to the best of my kr	towledge and belief, it is true, o	connet, and complete.
	DAlail	10/18/1	Devid G. Hudson	
Signature of the		Date	Enter name of individ	ual signing as plan administrator
	Atter	10/18/10	David G. Hudson	
Signature of emplo	yer/plan sponsor	Date		ual signing as employer or plan sponse
Signature of DFE		Date	Enter name of individ	ual signing as DFE
For Paperviork Reduction Act	Notice and OMB Control Numb	xers, see the instructions	for Form 5600.	Form 5800 (20) v.09230

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	<u> </u>	<u> 11 3309 (2</u>			·····			<u></u>	e Z	<u> </u>			
3a	Plan st	dministrati	x's name an	d address (if san	ne as plan spon	isor, enter '	'Same'')				3b /	dministratora E	EIN
Same						1							
	•										30 /	dministrator's b	elephon
				-	:							umber	
	, .				:				1			t to A the second state	and the second
	ļ		:		•		1				638 649 jindd yr 19		
4	if the n	ame and/	or EIN of the	plan sponsor ha	s chanded since	e the last n		at filed for	this plan. A	nter the nam	e FIN	<b>4</b> 5 EIN	and a pro-
•				last return/repo			į ,		p.a, <b>-</b>				
a	Spon (	or's name		1	:							4C PN	
<b>.</b>			<u> </u>	·			i					1	
5				it the beginning									
5	Numte	er of partic	lpents as of t	ine and of the pla	an year (wolfare	plans com	ino ejela	vlines 6a, i	66, 60, an	6d).			ار از این رو در و قارم
-	. سانات ۸	- articis - a	Fa			1	*				64		
a	ALAIVE	iter draiten u	<b>US</b>	483 1 4 5 · · · · · · · · · · · · · · · · · ·	11646mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm		·····				·····		
b	Retire	i or separ	ated participa	ints receiving be	nefits	·			<u>.</u>		6b		
		· · · · · · · · · · · · · · · · · · ·		1 1									
c	Other i	retired or a	eperated par	rticipanta entities	to future bene	fits	·•···			<b>.</b>	<u>6c</u>		
_	. •	•						*` <b>%</b>	A	•			
d	Subtol	al. Add lin	<b>48 6</b> a, 6b, añ	id 60 ;			<u>-</u> -				<mark>6d</mark>		
~	BALL	: #====================================		beneficiaries sr	<b></b>						60		
e	. U HOR( (	ana baurc	фание <b>МПОВС</b>	r ç⊂n≢ncian⊝s SF	a levelating of a			Concerns					<u></u>
f	Total	Add lines	<b>5d</b> and 6e			· · · · · ·	£				6f		
		)		1									-,
		1					· •					1	
a	Numb	of partic	iounts with a	ccount balances	as of the end o	of the Dinna	i ∕øar (oniv	defined co	ontribution r	plans	ł		
g			-	ccount belances	<b>A</b>		mar (only	definad co		plans	<u>6g</u>		
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