### 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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Complete all entries in according to the complete all entries are according to the comp	dance wit	h the instructions to the Form 5500	)-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 08/01/2010	0	and ending 1	2/07/2	2010			
Α.	This return/report is for: $\square$ single-employer plan $\square$	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report		_			
_	an amended return/report	short plan	n year return/report (less than 12 mor	nths)				
•			extension	1110)	DEVC program			
C	Check box if filing under: Form 5558	DFVC program						
	special extension (enter description	,						
Pa	rt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
ROS	ES & MORE, INC. 401K PLAN				plan number 001			
				10	(PN) •			
				10	Effective date of plan 08/01/2003			
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	ES & MORE, INC.	piaii)		20	(EIN) 20-0104165			
				2c	Plan sponsor's telephone number			
	N DYER ROAD KANE, WA 99212				509-838-2944			
0. 0.				2d	Business code (see instructions) 453110			
32	Plan administrator's name and address (if same as Plan sponsor, e	ntor "Com	\"\	3 h	Administrator's EIN			
ROS	ES & MORE, INC. 1015 N DYEF	R ROAD	<del>-</del> )	35	20-0104165			
	SPOKANE, V	VA 99212		3c	Administrator's telephone number			
					509-838-2944			
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c PN				
5a	Total number of participants at the beginning of the plan year			<del>-тс</del>	31			
		ł		0				
b	Total number of participants at the end of the plan year	ł	5b	0				
С	Total number of participants with account balances as of the end of complete this item)		` .	5c	0			
62	Were all of the plan's assets during the plan year invested in eligible				X Yes □ No			
	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				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	61160	١	0			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	61160	1	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		, ,		•			
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1315					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1315			
d	Benefits paid (including direct rollovers and insurance premiums		62350					
	to provide benefits)	. 8d	62330					
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	. 8e		_				
f	$\label{providers} \mbox{Administrative service providers (salaries, fees, commissions)}$	8f						
g	Other expenses	. 8g	125					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			62475			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-61160			
	Transfers to (from) the plan (see instructions)	8i						

	F	Form 5500-SF 2010 Page <b>2-</b>							
ar	t IV	Plan Characteristics							_
		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2J 2K 3D 2T 2F 2G	acteris	tic Co	des in	the instruc	ctions:		_
		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	des in t	he instruc	tions:		
		, , , , , , , , , , , , , , , , , , , ,							
art	<b>V</b>	Compliance Questions							
)	Dur	ing the plan year:		Yes	No		Amount		
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				_
С	Wa	s the plan covered by a fidelity bond?	10c	X				40000	i
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				_
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
rt	VI	Pension Funding Compliance							_
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Ye	s No	_
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?	Ye	s 🏅 No	
	,	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Ī	401				_
b	Ente	er the minimum required contribution for this plan year			12b				_
		er the amount contributed by the employer to the plan for this plan year			12c				_
a		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d	7		<u> </u>	_
е		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	_
	1/11	Dien Terminations and Transfers of Assats							

## Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year..... X Yes No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

#### 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	02/08/2011	ROBERT HAMACHER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

#### 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 section 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

2010

This Form is Open to Public Inspection

	rt I Annual Report Identification Information									
For	calendar plan year 2010 or fiscal plan year beginning	08/01/2	2010 and ending		12/07/2010					
<b>A</b> T	hís return/report is for:	multiple-e	mployer plan (not multiemployer)	[	one-participant plan					
ВТ	his return/report is for: first return/report	X final return	n/report							
	an amended return/report	X short plan	year return/report (less than 12 mo	nths)	_					
C	Check box if filing under: Form 5558	automatic	extension		DFVC program					
	special extension (enter descri	ption)								
Pa	rt II Basic Plan Information—enter all requested info	rmation								
	Name of plan			1	Three-digit					
	ROSES & MORE, INC. 401K PLAN				plan number (PN) • 001					
					Effective date of plan					
					08/01/2003					
	Plan sponsor's name and address (employer, if for single-emplo ROSES & MORE, INC.	yer plan)		1	Employer Identification Number					
	ROSES & MORE, INC.			1	(EIN) 20-0104165 Plan sponsor's telephone number					
	1015 N DYER ROAD			20	509-838-2944					
	SPOKANE WA 99212			2d	Business code (see instructions)					
32	Plan administrator's name and address (if same as Plan sponso	r ontor "Come	\nabla_\text{"}\	3h	453110 Administrator's EIN					
Ja	ROSES & MORE, INC.	r, enter Same	<b>;</b> )	30	20-0104165					
	1015 N DYER ROAD			3c	Administrator's telephone number					
A 16	SPOKANE WA 99212 If the name and/or EIN of the plan sponsor has changed since the		and filed for this plan, enter the	1 h	509-838-2944					
	rthe name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spo		port lifed for this plan, enter the	4b	EIN					
				4c	PN					
5a	Total number of participants at the beginning of the plan year $\!\ldots$	**-4-3>*1>*********	***************************************	5a	3					
b	Total number of participants at the end of the plan year			5b						
С	Total number of participants with account balances as of the en			5c						
	complete this item)				X Yes N					
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	lity and condit	ions.)		X Yes N					
line.	If you answered "No" to either 6a or 6b, the plan cannot us	e Form 5500-	SF and must instead use Form 5	500.						
<u> </u>	rt III Financial Information				11 \ m \ 1 \ 2 \ 2 \ 1 \ 1					
7	Plan Assets and Liabilities  Total plan assets	7a	(a) Beginning of Year	50	(b) End of Year					
_	Total plan liabilities		OIL							
	Total plan habilities									
	Net plan assets (subtract line 7h from line 7a)		611	50						
	Net plan assets (subtract line 7b from line 7a)		611	50	(b) Total					
8	Net plan assets (subtract line 7b from line 7a)		(a) Amount	50	(b) Total					
8	Income, Expenses, and Transfers for this Plan Year	7c		50	(b) Total					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7c		50	(b) Total					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7c 8a(1) 8a(2)		50	(b) Total					
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers).	7c 8a(1) 8a(2) 8a(3) 8b			(b) Total					
8 a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount		(b) Total					
8 a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers).		(a) Amount	15						
8 a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium		(a) Amount	15						
8 a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium to provide benefits)	8a(1) 8a(2) 8a(3) 8b 8c 8 8c 8 8d 8) 8e	(a) Amount	15						
8 a b	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8) 8e 8f	(a) Amount  13	15						
8 a b c d e f	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium to provide benefits) Certain deemed and/or corrective distributions (see instructions Administrative service providers (salaries, fees, commissions) Other expenses	8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 9) 8e 8f 8g	(a) Amount  13	15						
8 a b c d e f g	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premium to provide benefits) Certain deemed and/or corrective distributions (see instructions Administrative service providers (salaries, fees, commissions). Other expenses	8a(1) 8a(2) 8a(3) 8b 8c 8 8d 9) 8e 8f 8g 8h	(a) Amount  13	15	131					

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Par	IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	acteris	stic Co	des in	the instru	ictions	:	
h	2E 2J 2K 3D 2T 2F 2G  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	natoria	tia Car	don in 1	lho lootru	otiono:		
b	in the plan provides werrare benefits, enter the applicable werrare realtife codes from the List of Fran Char	aciens	IIC CO	JES III I	JIE IIISUU	CHOITS.		
Part	V Compliance Questions		·					
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in							
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			····	
n	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?	10c	Х					0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							0,000
u	or dishonesty?	10d		Х				
е								
	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x				
£	Has the plan failed to provide any benefit when due under the plan?				-			
Ť		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	104		x				
i	2520.101-3.)	10h						
•	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)).							
47	5500))							X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	CHOIL	302 01	ERISA?.	. []	165	21 110
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	uctions	. and e	enter th	ne date o	f the le	tter ruf	ina
	granting the waiver							
	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	ļ			
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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Î	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	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 brough	t unde	the co	ontrol	***************************************	X	Yes	□ No

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

c 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.)

13c(1) Name of plan(s):

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Thebert & Hamsely		Robert Hamacher
HERE	Signature of plan administrator	Date / - 21 · [[	Enter name of individual signing as plan administrator
SIGN	Robert Hamasler		Robert Hamacher
UEDE	Signature of employer/plan sponsor	Date /-21-(1	Enter name of individual signing as employer or plan sponsor