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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	Complete all entries in accord	dance wit	n the instructions to the Form 5500)-SF.	1				
	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending 1	2/31/2	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:	final return/report							
	an amended return/report	short plar	year return/report (less than 12 mor	nths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC program				
_	special extension (enter description)								
Do									
	art II Basic Plan Information—enter all requested information	ation	1	1h	Throo digit				
	Name of plan CITY SERVICES, INC. PROFIT SHARING PLAN			ID	Three-digit plan number				
IALL	COTT SERVICES, INC. FROITI SHARING FEAR				(PN) • 001				
				1c	Effective date of plan				
					01/01/1985				
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
FALL	CITY SERVICES, INC.				(EIN) 91-1061299				
1575	0 N.E. 15TH ST.			2c	Plan sponsor's telephone number 425-641-4900				
	EVUE, WA 98008			24	Business code (see instructions)				
				Zu	623000				
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN				
FALL	. CITY SERVICES, INC. 15750 N.E. 1 BELLEVUE,	5TH ST.			91-1061299				
	BLLLE VOL,	VVA 90000		3с	Administrator's telephone number				
4 .					425-641-4900				
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
	name, Env, and the plan namber non the last retain, report. Openio	i o namo		4c PN					
5a	Total number of participants at the beginning of the plan year			5a	9				
b	Total number of participants at the end of the plan year		ł	5b	9				
C	Total number of participants with account balances as of the end of		ł	JD					
C	complete this item)		` .	5с	9				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No				
	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IQF	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				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		T	1					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	1421616		1362152				
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1421616		1362152				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	0 (1)							
	(1) Employers	8a(1)		_					
	(2) Participants	8a(2)							
_	(3) Others (including rollovers)	` ,	444740	_					
b	Other income (loss)	8b	141710						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			141710				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	196857						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	4317						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				201174				
- ;	Net income (loss) (subtract line 8h from line 8c)				-59464				
i	Transfers to (from) the plan (see instructions)								
J	rianololo to (nom) the plan (oce instructions)	8i							

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in	ine instr	uctions		
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
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	as the plan covered by a fidelity bond?	10c	X					120000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance 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		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
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						
art		Pension Funding Compliance			<u>I</u>				
11	Is th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	, 01 30	CHOIT	JUZ 01	LINIOA			□
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- nting the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			,				
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		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				_
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under 	the co	ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
			<u> </u>						
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					Page 1	- 0-1	ماريا م
ВВ о	r Ġch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ litrue, correct, and complete.				·			
SIGI	F	illed with authorized/valid electronic signature. 03/07/2011 MARK CHAVERS	S						

SIGN	Filed with authorized/valid electronic signature.	03/07/2011	MARK CHAVERS
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

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	rt I Annual Report Identification Information		1500 to a now a second and a second a second and a second a second and				
For	calendar plan year 2010 or fiscal plan year beginning		and ending	-			
A 7	This return/report is for:	multiple-employer plan (not multiemployer) one-participant plan					
В	This return/report is for:	final return/report					
	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description	on)		i	<u>⊶</u> s ≅ M		
Pa	rt II Basic Plan Information—enter all requested information	ation		5-2			
	Name of plan		200 - 100 -	1b	Three-digit		
	CITY SERVICES, INC. PROFIT SHARING PLAN			1100001	plan number		
				1402	(PN) ▶ 001		
				10	Effective date of plan 01/01/1985		
	Plan sponsor's name and address (employer, if for single-employer CITY SERVICES, INC.	plan)			Employer Identification Number (EIN) 91-1061299		
, , , , , ,			8		Plan sponsor's telephone number		
	0 N.E. 15TH ST.				425-641-4900		
BELL	EVUE WA 98008			2d	Business code (see instructions) 623000		
3a SAM	Plan administrator's name and address (if same as Plan sponsor, e E	nter "Same	")	3b	Administrator's EIN 91-1061299		
				3с	Administrator's telephone number 425-641-4900		
4 1	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report. Sponso		sort most for any blatt, clitter the				
				4c	PN		
19470		ber of participants at the beginning of the plan year					
b		5b	9				
С	Total number of participants with account balances as of the end o complete this item)			5c	9		
	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No		
	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and conditi	SE and must instead use Form FF	 nn	Yes No		
Pa	rt III Financial Information	JIII 3800-	or and must mateau use rom 55	uu.			
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Year		
a	Total plan assets	7a	1421616		(b) End of Year 1362152		
	Total plan liabilities			+			
	Net plan assets (subtract line 7b from line 7a)		1421616		1362152		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	(1) Employers						
	(2) Participants			_			
	(3) Others (including rollovers)						
b	Other income (loss)	8b	141710	100世			
- 8		100.000	DESCRIPTION OF THE PROPERTY OF	DH.			
Ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	100.000			141710		
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	196857		141710		
d	Benefits paid (including direct rollovers and insurance premiums	8c	196857		141710		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	196857		141710		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8c 8d 8e	196857 4317		141710		
d e f	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f			141710 201174		
d e f g	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d 8d 8e 8f 8g 8h					

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Pari	IV Plan Characteristics			-	-			-	1000
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	cteris	tic Co	des in	the instru	ections	:		_
	≥E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ntorio	C	الماة مماة		_44			
175		LIGIS	uc Cot	162 111	me mstru	cuons:			
Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a							_
	on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	Х				8	12000	Ю
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			· ·					
	or dishonesty?	10d		X		0			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See								
	instructions.)	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		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10.22		Х					
i	2520.101-3.)	10h				Caller Standard			
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part								-	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SE	(Form	. П	Yes	X N	lo
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N	0
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	tions,	and e	nter th	e date of	the le	tter rul	ing	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		ica			
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 (enter a minus sign to the left negative amount)	of a		12d		-313			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		4o	N/A	١
Part	VII Plan Terminations and Transfers of Assets				3 488				
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X N	0
	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 of the PBGC?	ınder	the co	ntrol	Since	П	Von	N N	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	e pla	n(s) to	••••			162	יי ני	U

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

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	Mark Chaves	13/2/11	MARK CHAVERS
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