# 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.

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010
Α	This return/report is for: single-employer plan	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 plar	n year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatio	extension		DFVC program
	special extension (enter description	on)			_
Pa	rt II Basic Plan Information—enter all requested inform	ation			
	Name of plan			1b	Three-digit
SOU	ND NATIVE PLANTS RETIREMENT PLAN				plan number 001
				10	(PN)
				10	Effective date of plan 01/01/2006
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
SOU	ND NATIVE PLANTS, INC.				(EIN) 91-1936293
P.O.	BOX 7505			2c	Plan sponsor's telephone number 360-352-4122
OLYI	MPIA, WA 98507			2d	
					111400
3a		ator's name and address (if same as Plan sponsor, enter "Same")  ANTS, INC.  P.O. BOX 7505 OLYMPIA, WA 98507  Business code (see instructions) 111400  3b Administrator's EIN 91-1936293  3c Administrator's telephone number			
		the plan sponsor has changed since the last return/report filed for this plan, enter the number from the last return/report. Sponsor's name  and at the beginning of the plan year			
		ministrator's name and address (if same as Plan sponsor, enter "Same") IVE PLANTS, INC.  P.O. BOX 7505 OLYMPIA, WA 98507  3c Administrator's telephone number 360-352-4122			
			eport filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at the beginning of the plan year				
b					7
С	, ,			0.0	
	·			. 5c	7
			'		Yes   No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	16652	27	195351
b	Total plan liabilities	. 7b			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	16652	27	195351
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	. 8a(1)	646	60	
	(1) Employers	1	651	0	
	(3) Others (including rollovers)	. 8a(3)			
b	Other income (loss)		1590	)1	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			28871
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	. 8d			
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f		_	
g	Other expenses	. 8g	4	7	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			47
i	Net income (loss) (subtract line 8h from line 8c)				28824
- 1	Transfers to (from) the plan (see instructions)	. Qi	i		

b If the least volume a W or	Form 5500-SF 2010  Page 2-  Plan Characteristics the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics		_				
b If the last volume of the last							
b If the least volume a W or	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chai						
b If the least vote of the lea	2E 2G 2J 3D 2T	acteris	stic Co	des in	the instructi	ons:	
b W or C W d Di or e W in: in:	the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char.	acteris	tic Cod	des in t	he instructio	nns.	
o Di a W 22 b W or C W d Di or C W in in:	the plan provides wellare bettems, effer the applicable wellare leading codes from the last of half offair	actoris	110 000	203 111 0	no mandone	// IS.	
a W 2 b W or c W d Di or e W in: in: f Ha g Di	Compliance Questions						
b Www or C W d Di or Or C W in in:	uring the plan year:		Yes	No	A	mount	
c W d Di or e W in: in: f Ha g Di	Vas 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)	10a		X			
d Di or e W in: in: in: f Ha	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		X			
e W in: in: f Ha	Vas the plan covered by a fidelity bond?	10c	X				30000
f Ha	oid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		X			
<b>g</b> Di	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, isurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
	las the plan failed to provide any benefit when due under the plan?	10f		X			
	oid the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
25	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10g		X			
<b>i</b> If	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art VI	Pension Funding Compliance						
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 500))					Yes	No
<b>2</b> Is	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of E	ERISA?	Yes	X No
	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruranting the waiver						
_	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day _			
<b>b</b> Er	nter the minimum required contribution for this plan year		[	12b			
<b>C</b> Er	nter the amount contributed by the employer to the plan for this plan year			12c			
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)		[	12d			
e w	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art VI	Plan Terminations and Transfers of Assets						
<b>3а</b> на							

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

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):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
		<u> </u>
		i

Yes X No

### 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.	07/11/2011	BEN ALEXANDER
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

	art I Annual Report Identific	cation Information					
For	calendar plan year 2010 or fiscal plan y		_	and ending			
A	This return/report is for:	e-employer plan	multiple-er	nployer plan (not multiemployer)		one-participal	nt plan
В	This return/report is for:	etum/report	final return	10 820 5 85 51			ii pieii
	With the state of the control of the state o	mended return/report		year return/report (less than 12 moi	nthe\		
C	H	1 5558	automatic		111157	Пъпи	
		ial extension (enter descrip	-	exterision		DFVC progra	m
D.			V. 100 CO. C.				
	art II Basic Plan Information Name of plan	i—enter all requested info	rmation	received the second second			
	NAME OF PLANTS RETIREMENT P	LAN			1b	Three-digit plan number	
300	NO NATIVE PLANTS RETIREMENT P	LAN				(PN)	001
					1c	Effective date of	nlan
					8	01/01/2	
2a	Plan sponsor's name and address (em	ployer, if for single-employ	er plan)		2b	Employer Identif	ication Number
(EIN) VIII						(EIN) 91-1936	
P.O. BOX 7505					20	Plan sponsor's to 360-352	elephone number 2-4122
OLY	MPIA WA 98507				2d	Business code (	see instructions)
20	Discontinuity of the state of t					111400	
SAM	Plan administrator's name and address	i (if same as Pian sponsor	r, enter "Same"	)	3b	Administrator's E	
					3c	Administrator's to	ST (20)
			National Control of the Control	and the second s		360-352	2-4122
4	f the name and/or EIN of the plan spons name, EIN, and the plan number from t	sor has changed since the	last return/rep	ort filed for this plan, enter the	4b	EIN	
		io taot rotaliziopoit. Opoi	isor s marrie		4c	PN	
5a	Total number of participants at the beg	inning of the plan year			5a		7
b	Total number of participants at the end	f of the plan year			5b		7
C	Total number of participants with acco	unt balances as of the end	d of the plan ve	ear (defined benefit plans do not			
200	complete this item)			Section 1 Section 1	5c		7
6a	Were all of the plan's assets during th	e plan year invested in eli	gible assets? (	See instructions.)			Yes No
D	Are you claiming a waiver of the annu- under 29 CFR 2520.104-46? (See ins	al examination and report	of an independ	lent qualified public accountant (IQI	PA)		⊠ Yes □ No
	If you answered "No" to either 6a o	r 6b, the plan cannot use	Form 5500-S	F and must instead use Form 55	nn	•••••••••••••••••••••••••••••••••••••••	⊠ Yes ∐ No
Pa	rt III Financial Information			The state of the s			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets	***************************************	7a	166527		1-/	195351
b	Total plan liabilities		7b				
C	Net plan assets (subtract line 7b from	line 7a)	7c	166527			195351
8	Income, Expenses, and Transfers for			(a) Amount		(b) T	otal
а	Contributions received or receivable fr	(\$750 (T)78)	220 5000				
	(1) Employers			6460			
	(2) Participants			6510	4		
	(3) Others (including rollovers)			The state of the s	2		
b	Other income (loss)			15901	100		
C	Total income (add lines 8a(1), 8a(2), 8					****	28871
d	Benefits paid (including direct rollovers to provide benefits)	and insurance premiums	8d		I Ex		
е					-15		
	Certain deemed and/or conective dist	ributions (see instructions)	8e		1200		
f		ributions (see instructions) ries, fees, commissions)					
f	Administrative service providers (salar	ries, fees, commissions)	8f	47			
810.	Administrative service providers (salar Other expenses	ries, fees, commissions)	8f 8g	47			47
f g	Administrative service providers (salar Other expenses	ries, fees, commissions)	8f 8g 8h	47			47 28824
f g	Administrative service providers (salar Other expenses	ries, fees, commissions) and 8g)	8f 8g 8h 8i	47			47 28824

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Dogo	2_	1
Page		11

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Darf IV	Plan Characteristics	
raitiv	riali Ulialautelistics	

Signature of employer/plan sponsor

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 3D 2T
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part '	Compliance Questions							
10	During the plan year:			1	Yes	No		Amount
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	ım)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not include transa	actions reported	10b		×		
C	Was the plan covered by a fidelity bond?			10c	X			3000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	ity bond, that was o	aused by fraud	10d		×		
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.)	ersons by an insura	ence carrier,	10e		x		- Pro- St.
	Has the plan failed to provide any benefit when due under the plan?			10f		х	**************************************	
	Did the plan have any participant loans? (If "Yes," enter amount as of y			10g		х		<del></del>
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	10g 10h		х		
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10ii				
Part \								
11	s this a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see insl	ructions and com	plete l	Sched	ule SB	(Form	∏ Yes ∏ No
12	Is this a defined contribution plan subject to the minimum funding requ	irements of section	1 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes X No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	)						
а	f a waiver of the minimum funding standard for a prior year is being an granting the waiver	nortized in this plar	year, see instruc	tions,	and e			
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13,	VI		Day_		Year
b	Enter the minimum required contribution for this plan year		- 	*******	Г	12b		
C	Enter the amount contributed by the employer to the plan for this plan y	year		*>****	[	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the inegative amount)	result (enter a mini	us sign to the left	of a	[	12d		
	Mill the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No N/A
Part \	Plan Terminations and Transfers of Assets							
13a	las a resolution to terminate the plan been adopted during the plan ye	ar or any prior yea	r?				4	Yes X No
	f "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year				13a		
	Nere all the plan assets distributed to participants or beneficiaries, transf the PBGC?							Yes X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e plar	n(s) to			
	c(1) Name of plan(s):				13	c(2) EII	V(s)	13c(3) PN(s)
					100		.,,,,	100(0) 11(0)
							<del>"</del>	
Cautio	on: A penalty for the late or incomplete filing of this return/report	will he assessed !	inless reasonabl	la cau	en le	oetahli	lehod	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	leclare that I have	examined this retu	ım/rer	ond in	cludio	if applicat	ole, a Schedule nowledge and
SIGN	1/3_ C	7/5/2011	BEN ALEXAND	ER				
HERE		Date	Enter name of in	dividi	ıal sin	nino as	plan admir	nistrator
SIGN							- wanti	
HERE	2 (A)	Date	Enter name of in	divida	al sig	nina aa		

Date

Enter name of individual signing as employer or plan sponsor