## 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 Identification Information							
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010							
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 descript							
Pa	Irt II Basic Plan Information—enter all requested inform							
	Name of plan	nation		1b	Three-digit			
	'H GARDENS PROFIT SHARING PLAN				plan number 001			
					(PN) •			
				1c	Effective date of plan 01/01/1984			
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number			
	H GARDENS	,			(EIN) 91-6214018			
7600	RENTON-ISSAQUAH RD. S.E.			2c	Plan sponsor's telephone number 425-392-1025			
	QUAH, WA 98027			24	Business code (see instructions)			
				124	111400			
3a	Plan administrator's name and address (if same as Plan sponsor, H GARDENS 7600 RENT	enter "Sam	e")	3b	Administrator's EIN			
SIVIII	ISSAQUAH			20	91-6214018			
				36	Administrator's telephone number 425-392-1025			
	f the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Spons	or's name		4c	PN			
5a	5a Total number of participants at the beginning of the plan year				25			
b				. 5b	25			
С				_	25			
	complete this item)		□ □ □					
<b>6a</b> 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 eligibility and conditions.)								
_	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	20	(b) End of Year			
	Total plan assets		174373	38	2041327			
b	Total plan liabilities		474076	20	2044227			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7с	174373	00	2041327			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:  (1) Employers	8a(1)	11764	18				
	(2) Participants	` ` `						
	(3) Others (including rollovers)							
b	Other income (loss)		18210	00				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				299748			
d	Benefits paid (including direct rollovers and insurance premiums		21/	0				
	to provide benefits)		215	שמ				
е	Certain deemed and/or corrective distributions (see instructions)			_				
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses				0450			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				2159 297589			
į	Net income (loss) (subtract line 8h from line 8c)				29/589			
- 1	Transfers to (from) the plan (see instructions)	Qi	1					

	F	Form 5500-SF 2010 Page <b>2-</b>						
Par	t IV	Plan Characteristics						
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instructions:		
L		2J 2K 3B 3D		·:- O-		the climate and an ar		
b	ii the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in	the instructions:		
art	: <b>V</b>	Compliance Questions						
0	Duri	ng the plan year:		Yes	No	Amount		
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X		85000		
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	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.)	10a		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
İ		th 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	VI	Pension Funding Compliance						
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA? Yes No		
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	<b>a</b> 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							
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		г		Τ		
b	Ente	r the minimum required contribution for this plan year			12b			
C		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef			12d			

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

N/A

No

Yes

Yes X No

13c(3) PN(s)

Yes

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

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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)

### 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.	07/22/2011	JAMES S. POMMER
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).

OMB Nos. 1210-0110 1210-0089

2010

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Pe	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.								
	Part I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning		and ending						
	This retain report is for.	s return/report is for: Single-employer plan multiple-employer plan (not multiemployer)							
В	This return/report is for:								
	an amended return/report	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 description	n)			_ , -				
Pa	rt II Basic Plan Information—enter all requested information	ation							
1a	Name of plan			1b	Three-digit				
SMIT	H GARDENS PROFIT SHARING PLAN				plan number				
					(PN) ▶ 001				
				1c	1c Effective date of plan 01/01/1984				
	Plan sponsor's name and address (employer, if for single-employer 'H GARDENS	plan)	3 5	2b	Employer Identification Number (EIN) 91-6214018				
7600	RENTON-ISSAQUAH RD. S.E.			2c	Plan sponsor's telephone number 425-392-1025				
ISSA	QUAH WA 98027			2d	Business code (see instructions) 111400				
3a SAM	Plan administrator's name and address (if same as Plan sponsor, e E	nter "Same	e")	3b	Administrator's EIN 91-6214018				
				3с	Administrator's telephone number 425-392-1025				
4 1	f the name and/or EIN of the plan sponsor has changed since the last	st return/re	port filed for this plan, enter the	4b	EIN .				
,	name, EIN, and the plan number from the last return/report. Sponso	rs name		4c	DN				
5a	Total number of participants at the beginning of the plan year			5a					
b Total number of participants at the end of the plan year					25				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					25				
	complete this item)	5c	25						
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	Are you claiming a waiver of the annual examination and report of	PA)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the sum	and conditi orm 5500-	SE and must instead use Form EE		X Yes No				
Pa	rt III Financial Information	OIII 3300-	or and must instead use Form 55	00.					
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(h) Ford - £Veron				
а	Total plan assets	. 7a	1743738	3	(b) End of Year 2041327				
b	Total plan liabilities		1	204132					
c	Net plan assets (subtract line 7b from line 7a)		1743738	38 2041327					
8	Income, Expenses, and Transfers for this Plan Year	S. Eller 19	(a) Amount						
а	Contributions received or receivable from:			(b) Total					
	(1) Employers	. 8a(1)	117648	648					
	(2) Participants	. 8a(2)							
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b	182100						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		<b>19</b>	299748				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2159						
е	Certain deemed and/or corrective distributions (see instructions)	THE DOUBLE PROPERTY OF THE PRO							
f	Administrative service providers (salaries, fees, commissions)	1611 of 2000 (California de California de Ca							
g	Other expenses								
ĥ	Total expenses (add lines 8d, 8e, 8f, and 8g)		HER ASSESSMENT TRANSPORTER	FIRE STATE	2159				
i	Net income (loss) (subtract line 8h from line 8c)			160 160	297589				
j	Transfers to (from) the plan (see instructions)		The state of the s		297303				
		6]		K311					

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T CHILL	21201111	->-	/11/11/

Signature of employer/plan sponsor

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222	_	
Page	1-	11

				-								
Part IV Plan Characteristics												
	If the plan provides pension benefits, enter the applicable pension feat 2E 2J 2K 3B 3D											
b	If the plan provides welfare benefits, enter the applicable welfare feature.	ure codes from the	List of Plan Chara	cteris	tic Cod	des in	the instruc	tions:				
Part	V Compliance Questions									S		
10	During the plan year:				Yes	No		Amou	ınt			
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	ry Correction Progra	am)	10a		х		F. 77		CASA-		
b						х						
C	Was the plan covered by a fidelity bond?	**************************	*******	10c	х			85000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		х						
	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	persons by an insur-	ance carrier,	10e	91	x			177			
	Has the plan failed to provide any benefit when due under the plan?			10f		Х		-				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х			10-1000			
	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	e instructions and 2	9 CFR	10g		Х		i de				
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10ii								
Part '	VI Pension Funding Compliance			101			92516405EE	SASHISA	5 (467)			
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SE	(Form	П	Yes [	☐ No		
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3		EDISA2		Yes			
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
	Enter the minimum required contribution for this plan year	7.	55		Г	12b		- X				
C	Enter the amount contributed by the employer to the plan for this plan	year				12c	7-1		-			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a mini	us sign to the left o	of a	[	12d						
е	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?	***************************************				Yes	No	П	N/A		
Part \								-		-		
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?	*******				П	Yes [	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer	loyer this year			000000000000000000000000000000000000000	13a						
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	insferred to another	plan, or brought u	ınder	the co			П	Yes [	X No		
	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plar	n(s) to		.6					
13	3c(1) Name of plan(s):	<u> </u>			13c(2) EIN(s) 13c(3			c(3) F	PN(s)			
	ė.											
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed (	uniess reasonabl	e cau	se is e	stabli	shed.					
o.	penalties of perjury and other penalties set forth in the instructions, I c Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have a s the electronic vers	examined this retu sion of this return/r	rn/rep report,	ort, inc , and to	cluding the b	, if applica est of my	ible, a S knowle	Sched dge a	dule nd		
SIGN	X Comments	7/13/11	JAMES S. POM	MER		-						
HERE		Date	Enter name of in	dividu	al sion	ina se	plan admi	un administrator				
SIGN					<u> </u>	പ്ര	Pront dull	mouall	л	- 11		
HERE		Date	Entername -fi-	alicat a.	_1	•						

Date

Enter name of individual signing as employer or plan sponsor