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

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

	Complete all entries in accord	lance witl	h the instructions to the Form 5500	O-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	2011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participa	ınt plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)		
C	H ' H	•	extension	,	DFVC program	1
C			Octoriolori		_ Di vo program	•
_	special extension (enter description	,				
	art II Basic Plan Information—enter all requested information	ition		41.		
	Name of plan			1b	Three-digit plan number	
SIVII I	H GARDENS PROFIT SHARING PLAN				(PN)	001
				10	Effective date of p	
				. •	01/01/1	
2a	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)	2b	Employer Identific	ation Number
SMIT	TH GARDENS				(EIN) 91-6214	
				2c	Sponsor's telepho	one number
7600	RENTON-ISSAQUAH RD. S.E.				425-392-	1025
	QUAH, WA 98027			2d	Business code (se	ee instructions)
					111400	
	Plan administrator's name and address (if same as plan sponsor, en			3b	Administrator's EI	
SIVIII	H GARDENS 7600 RENTON ISSAQUAH, V		JAH RD. S.E.	30	Administrator's te	
				30	425-392-	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report.		, ,			
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		25
b	b Total number of participants at the end of the plan year					26
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not			00
	complete this item)			5c		26
6a	Were all of the plan's assets during the plan year invested in eligible		'			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		· · · · · · · · · · · · · · · · · · ·			M 103 140
Pa	rt III Financial Information	7111 3300-	or and must mistead use i orm so			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	f Voor
· .	Total plan assets	70	2041327		(b) Elia o	2111715
a h	· ·	7a				-
0	Total plan liabilities	7b	2041327			2111715
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	tai
а	Contributions received or receivable from: (1) Employers	8a(1)	119957			
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
h			-3532			
b	Other income (loss)	8b	3002			116425
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				110420
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	46037			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				46037
i	Net income (loss) (subtract line 8h from line 8c)	8i				70388
j	Transfers to (from) the plan (see instructions)	8j				
		-,				

Form	5500-	SF	201

Page	2	- [1	
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Part IV	Plan	Charact	eristics

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

art	V Compliance Questions							
10	During the plan year:		Yes	No		Amoun	t	
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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				8	35000
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				
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		Х				
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 2520.101-3.)	10h		X				
İ	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance		<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Y	es	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Y	es >	No
	(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 instruct granting the waiver							
lf y	ou 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				
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 of negative 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							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?		the co	ntrol	-	Пу	es >	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			Ш	<u>L</u>	_
1	3c(1) Name of plan(s):		130	c(2) Ell	V(s)	130	(3) P	N(s)
					·			
0	A manufaction that later as in a smallest Cillian of the material from an activity have			4-1 "	-11			
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					hla - 0	ala - 1	
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/27/2012	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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/	2011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		South Contraction of the Contrac
		a short pla	n year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558		extension	0111110)	DFVC program
= 1	special extension (enter description	CATCHERON		☐ Drvc program	
P:	Int II Basic Plan Information—enter all requested information	. 6		101111111111111111111111111111111111111	
	Name of plan	auon		16	TI 11
	H GARDENS PROFIT SHARING PLAN			ai	Three-digit plan number
O	TO STATE OF THE ST				(PN) ▶ 001
				1c	Effective date of plan
-					01/01/1984
SMIT	Plan sponsor's name and address; include room or suite number (er H GARDENS	mployer, if	for a single-employer plan)	2b	Employer Identification Number
					(EIN) 91-6214018
				2C	Sponsor's telephone number
	RENTON-ISSAQUAH RD, S.E. QUAH WA 98027			24	425-392-1025 Business code (see instructions)
	GOTH WA SOULT			20	111400
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	·")	3b	Administrator's EIN
SAM					91-6214018
				3c	Administrator's telephone number 425-392-1025
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4h	EIN
1667	name, EIN, and the plan number from the last return/report.		, , , , , , , , , , , , , , , , , , , ,		Letty
_	Sponsor's name		The state of the s	4c	PN
West	Total number of participants at the beginning of the plan year			5a	25
b	Part of the second of the seco				26
C	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			-	25
6a				5c	26
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a	e assets? Indener	(See instructions.)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)		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 55	00.	2016(1000)(0000)(0000)
	rt III Financial Information			4 100	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets		2041327		2111715
b	Total plan liabilities	7b			30
12	Net plan assets (subtract line 7b from line 7a)	7c	2041327	4	2111715
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
а	(1) Employers	8a(1)	119957	er .	
	(2) Participants		- AND		
	(3) Others (including rollovers)			-	
b	Other income (loss)	8b	-3532		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+	116425
d	Benefits paid (including direct rollovers and insurance premiums			+	110423
	to provide benefits)	8d	46037	es:	
e	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Olher expenses	8g			5 - 100 W
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			46037
Ī	Net income (loss) (subtract line 8h from line 8c)	- Bi			70388
J	Transfers to (from) the plan (see instructions)	8j			

Form	FFOO	00	004	٠.

Signature of employer/plan sponsor

	-	- 1	can:
Page	2	-	1

11000	-	The second secon	3								
Pai	rt IV	Plan Characteristics	····	7)							
9a	If th	e plan provides pension benefits, enter the applicable pension fea	lure codes from the	List of Plan Char	acteris	tic Co	des in	the in	nstructi	ons:	200
b	2E	2J 2K 3B 3D are plan provides welfare benefits, enter the applicable welfare feature.		lat at Diag Ob		_	: 46 A4	8 8	25 1241		
	31 41	te plant provides wentare benefits, enter the applicable wentare reatt	are codes from the L	ist of Plan Chara	cteristi	c Coa	es in t	ne ins	structio	ns:	
Par	t V	Compliance Questions						2 200			········
10		ring the plan year:	The second secon			Yes	No		-	mount	
а	29	es there a failure to transmit to the plan any participant contribution O CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am)	10a	20	Х				
b	on	ere there any nonexempt transactions with any party-in-interest? (I line 10a.)	Do not include trans	actions reported	10b		х			- 141 -	X 3000
C	W	as the plan covered by a fidelity bond?	*************	********	10c	Χ					85000
d	l Did or	d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	elity bond, that was	caused by fraud	10d		х	*****			
е	ins	ere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of the tructions.)	ne benefils under the	e plan? (See	10e		х		***************************************		
f	Ha	s the plan failed to provide any benefit when due under the plan?		***************************************	10f		Х				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	********	10g		X			9 300	
h	l If t 25	his is an individual account plan, was there a blackout period? (Se 20.101-3.)	e instructions and 2	9 CFR	10h		х	£.	1111/2007		
i	15 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i						=
Part		Pension Funding Compliance									
11	ls (his a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(For	m		_
		00))								Yes	
12		this a defined contribution plan subject to the minimum funding red		n 412 of the Code	or se	ction 3	802 of 1	ERISA	۹?	Yes	X No
а	(⊓ Ifa	'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a	e.) emodized in this plan	. voor ooo inateu	alia	126	-111			745.51	51
100.0	gra	nting the waiver		Mon	th	anu e	Day	e dati	e or the	e ietter ri 'ear	iling
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	d skip to line 13.				- 4a/X - K.	-5000	2505	
b		er the minimum required contribution for this plan year				Colores .	12b				
c	En	er the amount contributed by the employer to the plan for this plan	ı year	***************************************	********		12c		21-10		
d	neg	otract the amount in line 12c from the amount in line 12b. Enter the gative amount)		**********	••••		12d				
		I the minimum funding amount reported on line 12d be met by the	funding deadline?			********		Ye	es	No	N/A
Part				wone							110
13a		s a resolution to terminate the plan been adopted in any plan year?				•••••	□ Y	es	X No		-
		Yes," enter the amount of any plan assets that reverted to the emp				3a					
b	011	re all the plan assets distributed to participants or beneficiaries, tra		*******************	********		ntrol			Yes	X No
С	wh	uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plar	(s) to				_	
	13c() Name of plan(s):				130	(2) EII	N(s)		13c(3) PN(s)
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed i					Latin-			
Unde SB c	25.00			ınless reasonab	le cau	en ie	actabli	chod	6.		
belie	וטט וג	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a s true, correct, and complete.	declare that I have a	evamined this relu	ırn/ron	od in	oludios	. 16		le, a Sch	edule and
Delle	ef, it is	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a	declare that I have a	examined this return/	ırn/rep report,	od in	oludios	. 16		le, a Sch lowledge	edule and
SIG	of, it is	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have a sthe electronic vers	examined this return/	ım/rep report, 1MER	ort, in and t	cluding o the b	g, if ap est of	oplicab f my kr	owledge	edule and
SIG	in RE	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a	declare that I have a	examined this return/	ım/rep report, 1MER	ort, in and t	cluding o the b	g, if ap est of	oplicab f my kr	owledge	edule and

Date

Enter name of individual signing as employer or plan sponsor