For	m 5500-SF	of Small Employ	yee	MB Nos. 1210-011 1210-008					
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2012			
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R		This Form is	Open to Public	;			
Pension Be	nefit Guaranty Corporation	Complete all entries in accordance	,	0-SF.	Insp	ection			
Part I		entification Information							
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 1	2/31/2	2012			
A This ret	urn/report is for:	an (not multiemployer)		a one-participa	ant plan				
B This ret	B This return/report is: I the first return/report I the final return/report I an amended return/report I a short plan year return/report (less than 12 months)								
_		n/report (less than 12 m	onths)	-					
C Check b	box if filing under:		utomatic extension			DFVC program	n		
		special extension (enter description)							
Part II		nation—enter all requested information	on		46				
1a Name	of plan DENS PROFIT SHARIN	G PLAN			ar	Three-digit plan number			
						(PN) 🕨	001		
					1c	Effective date of 01/01/1			
2a Plan sp SMITH GAR		ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b				
7600 RENT(DN-ISSAQUAH RD. S.E.				2c	Sponsor's telephone number 425-392-1025			
ISSAQUAH,					2d	Business code (see instructions) 111400			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN			
3							lephone number	•	
4 If the r	name and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN				
name,	EIN, and the plan numb	er from the last return/report.							
a Sponso		the beginning of the plan year			4C PN				
		the end of the plan year			5a 5b				
		count balances as of the end of the pla			30	5b 2 ⁻			
					5c			25	
		uring the plan year invested in eligible					X Yes N	lo	
		e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 N	lo	
	,	er line 6a or line 6b, the plan cannot	,					•	
		incomplete filing of this return/repor							
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, ir	ncluding, if applica	,		
SIGN	Filed with authorized/va	lid electronic signature.	05/16/2013	JAMES S. POMMER					
HERE	Signature of plan adn	ninistrator	Date	Pate Enter name of individual signing as plan admin					
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sid	ning as employer	or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; include r	room or suite number	r (optional)		barer's telephone r			

7 Plan Assets and Liabilities				-		
		(a) Beginning of Yea	r	_		(b) End of Year
a Total plan assets	7a	211171	5	_		2324903
b Total plan liabilities	7b			_		
C Net plan assets (subtract line 7b from line 7a)	7c	211171	5			2324903
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	12558	8			
(2) Participants	8a(2)	.2000				
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	15643	1			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					282019
d Benefits paid (including direct rollovers and insurance premiums						202013
to provide benefits)	8d	6883	1			
e 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					68831
i Net income (loss) (subtract line 8h from line 8c)	8i			_		213188
J Transfers to (from) the plan (see instructions)	8j					
2E 2J 2K 3B 3D b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	eature codes t	rom the List of Plan Charac	cterist	ic Cod	es in th	e instructions:
				Yes	No	A
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a	103	X	Amount
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		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 or dishonesty?	fidelity bond,	that was caused by fraud	10d			00000
A Ware any face or commissions haid to any brakers exacts as at	ner persons by				Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	of the benefits	under the plan? (See	10e		x x	
insurance service or other organization that provides some or all o	of the benefits	under the plan? (See	10e 10f			
insurance service or other organization that provides some or all c instructions.)	of the benefits	under the plan? (See	10f		x	
insurance service or other organization that provides some or all c instructions.)f Has the plan failed to provide any benefit when due under the plan	of the benefits n? s of year end. (See instruction	under the plan? (See			x x	
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If 	of the benefits n? s of year end. (See instruction ne required no	under the plan? (See 	10f 10g		x x x	
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	of the benefits n? s of year end. (See instruction ne required no	under the plan? (See 	10f 10g 10h		x x x	
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 	of the benefits n? s of year end. (See instruction ne required no 1-3	under the plan? (See)	10f 10g 10h 10i	Scheo	X X X X	(Form
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	of the benefits n? s of year end. (See instruction ne required no 1-3 hents? (If "Yes	under the plan? (See	10f 10g 10h 10i plete	<u>.</u>	X X X X	(Form
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	of the benefits n? s of year end. (See instruction ne required no 1-3 hents? (If "Yes	under the plan? (See)	10f 10g 10h 10i plete		X X X Iule SB	
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	of the benefits n? s of year end. (See instruction ne required no 1-3 hents? (If "Yes requirements	under the plan? (See)	10f 10g 10h 10i plete		X X X Iule SB	
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding 	of the benefits n? s of year end. (See instruction ne required no 1-3 nents? (If "Yes requirements , as applicable ng amortized i	under the plan? (See 	10f 10g 10h 10i plete or se	ection (X X X X Iule SB 11a 302 of E	RISA?
 insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir 	of the benefits n? s of year end. (See instruction ne required not 1-3 nents? (If "Yes requirements as applicable ng amortized i	under the plan? (See 	10f 10g 10h 10i plete or se	ection (X X X X Iule SB 11a 302 of E	RISA? Yes No a date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)					
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X 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 brought under the control of the PBGC?						
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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

-								
Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan								
Internal Revenue Service	e	2012						
Employee Benefits Security Admin Pension Benefit Guaranty Corpo			This Form is Open to Public					
p - realized and the second	Inspection							
Part I Annual Re	port Identification Information							
For calendar plan year 201	2 or fiscal plan year beginning 01/01/2012		and ending	12/31/	2012			
A This return/report is for	a single-employer plan	multiple-employer pl	lan (not multiemployer)		a one-participant plan			
B This return/report is:	the first return/report	e final return/report	5 L 199					
an amended return/report a short plan year return/report (less than 12 months)								
0	n/report (less than 12 m	months)						
C Check box if filing unde			DFVC program					
special extension (enter description)								
Part II Basic Plan	Information-enter all requested information	on						
1a Name of plan				14	T I			
SMITH GARDENS PROFIT	SHARING PLAN			ai	Three-digit plan number			
Sann Sinderno i Noi h	OF ARTICO F LAR				(PN) 001			
				10				
				IC	Effective date of plan			
2a Plan sponsor's name a	and address; include room or suite number (emp				01/01/1984			
SMITH GARDENS	and address, molade room of salle number (emp	noyer, il lor a single-	employer plan)	2b	Employer Identification Number			
					(EIN) 91-6214018			
				2c	Sponsor's lelephone number			
7600 RENTON-ISSAQUAH	RD. S.E.				(425) 392-1025			
				2d	Business code (see instructions)			
ISSAQUAH, WA 98027	play manufacture and a second s				111400			
3a Plan administrator's na	ame and address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
		107-444						
				3c	Administrator's telephone number			
4 If the name and/or EIN	l of the plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b				
name, EIN, and the pl	an number from the last return/report.		and plant criter the	40	EIN			
a Sponsor's name				4c	PN			
5a Total number of partic	ipants at the beginning of the plan year			5a				
	ipants at the end of the plan year				26			
				5b	27			
C Number of participants	s with account balances as of the end of the pla	n year (defined bene	fit plans do not					
	·	<u></u>		5c	25			
ba Were all of the plan's	assets during the plan year invested in eligible	assets? (See instruc	tions.)		X Yes 🗍 No			
D Are you claiming a wa	iver of the annual examination and report of an	independent qualifie	d public accountant (IQI	PA)				
under 29 CFR 2520.1	04-46? (See instructions on waiver eligibility and	d conditions.)			X Yes No			
ii you answered "No	" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
Caution: A penalty for the	a late or incomplete filing of this return/repor	t will be assessed i	unless reasonable cau	se is e	established.			
Under penalties of periury a	and other penalties set forth in the instructions	declare that I have	overnined this set of the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
belief, it is true, correct, and	and and algrica by an enfonce actualy, as well	as the electronic vers	sion of this return/report,	and to	o the best of my knowledge and			
bener, it is true, correct, and	z complete.							
SIGN X		15/14/13	1 TON O. E	-	2			
HERE		17/12	J JAMES S	\geq	Jominer			
Signature of	olan administrator	Date	Enter name of individu	ial sigi	ning as plan administrator			
SIGN								
HERE Signature of e	employer/plan sponsor	Date	Entor name (1. 1. 1.					
Preparer's name (including	(ontional)	al sigi	ning as employer or plan sponsor					
	· · · · · · · · · · · · · · · · · · ·		(optional)	riepa	arer's telephone number (optional)			
			ŀ					
For Pananwork Deduction As	t Notice and OMP Control Number							
201504-00116-15-05-6-05-05	t Notice and OMB Control Numbers, see the instru	cuons for Form 5500-	SF.		Form 5500-SF (2012)			
					¥ 100106			

Part III Financial Information				-	-				
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar	Τ		(b) End	of Voor		
a Total plan assets	. 7a		2111715			(b) End of Year			
b Total plan liabilities	. 7b						2324903		
c Net plan assets (subtract line 7b from line 7a)	. 7c	211171	2111715				2324903		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:						(U)			
(1) Employers	. 8a(1)	12558	8	_	1	_	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		
(2) Participants	. 8a(2)			_					
(3) Others (including rollovers)	. 8a(3)		-	_					
b Other income (loss)	. <u>8b</u>	15643	1	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_			282019		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6883	1						
e Certain deemed and/or corrective distributions (see instructions)	. 8e	0000	-	-					
f Administrative service providers (salaries, fees, commissions)	8f		-77		- traye				
g Other expenses	8g			-					
h Total expenses (add lines 8d, 8e, 8f, and 8g)		and the second		+-	- i				
i Net income (loss) (subtract line 8h from line 8c)					- 77		68831		
j Transfers to (from) the plan (see instructions)							213188		
Part IV Plan Characteristics	<u> </u>								
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3B 3D	feature code	es from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions:		
b If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	alariat	in Con		to an lance setting a			
		from the clot of than onala	cterist		les in i	ne instruct	ions:		
Part V Compliance Questions							-		
10 During the plan year:				Yes	No		Amount		
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	ction Program)	10a		x		HINDUM		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		x				
C Was the plan covered by a fidelity bond?			10c	x					
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	I, that was caused by fraud	10c		x		85000		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	ner persons to of the benefit	by an insurance carrier, ts under the plan? (See	10e		x				
f Has the plan failed to provide any benefit when due under the pla					(11) (11)				
g Did the plan have any participant loans? (If "Yes," enter amount a		Accesses.	10f		x				
 bit the plantate any participant learns? (in res, enter another a h If this is an individual account plan, was there a blackout period? 			10g		х				
If 10h was answered "Yes," check the box if you either provided to			10h		x				
exceptions to providing the notice applied under 29 CFR 2520.10	ne required r 1-3	notice or one of the	10i			ah.			
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			<i></i>		dule SE	3 (Form			
11a Enter the amount from Schedule SB line 39					11a				
12 Is this a defined contribution plan subject to the minimum funding	requirement	ts of section 412 of the Code	or se	ction :	302 of	ERISA?	Yes X No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicab	le,)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver					enter th				
granung the waiver.		Mon	th		Day				
 If you completed line 12a, complete lines 3, 9, and 10 of Schedul b Enter the minimum required contribution for this plan year 	e MB (Form	5500), and skip to line 13.	th						

Form 5500-SF 2012

Page 3 - 1

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 a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🗍	N/A
Part				NU	IN/A
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes	X 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 brought under the or of the PBGC?	control		Yes	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	0		res	
1	Se(1) Name of plan(s):	Bc(2) EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a N	lame of trust	14b Trus	's EIN		