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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	art I 📗 🖊	Annual Report	Identification Information	1						
For				/2009	and ending 1	2/31/2	2009			
Α	This return	n/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan				
В	This return	n/report is for:	first return/report	final retur	n/report		_			
		•	an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	Check hox	k if filing under:	Form 5558		extension		DFVC program	1		
	Official Box	chining under.			□ - горгодии	•				
D	art II E	Rasic Plan Info	special extension (enter description) special extension (enter description).	· /						
	Name of		imation—enter all requested in	iornation		1h	Three-digit			
			OUP INC 401K PROFIT SHARING	PLAN			plan number			
				(PN) •	001					
						1c	C Effective date of plan			
2-	DI .					26	01/01/20			
		nsor's name and add EVELOPMENT GRO	dress (employer, if for single-employer)	oyer plan)		ZD	Employer Identification (EIN) 20-22925			
	IZAGE DE	VEEDI MENT ONC				2c	Plan sponsor's tel			
	GALLOWA						509-966-8415			
YAK	IMA, WA 9	98908-0000				2d	Business code (se	ee instructions)		
3a	Plan adm	ninistrator's name an	d address (if same as Plan spons	or enter "Same	5 ")	3h	551112 Administrator's EI	N		
		VELOPMENT GRO	OUP INC 200 GAI	LOWAY DRIV	É	0.0	20-22925			
			YAKIMA	, WA 98908-00	00	3с	3c Administrator's telephone numb			
	If the neme	a and/or FINI of the	plan sponsor has changed since the		nort filed for this plan costor the	46	509-966-8415 4b EIN			
			per from the last return/report. Sp		port filed for this plan, enter the	40	EIN			
	<u> </u>	, , , , , , , , , , , , , , , , , , ,				4c PN				
5a	Total nur	mber of participants		5a	ia					
b	Total nur	mber of participants	5b	5b						
C			with account balances as of the e		·	_		40		
	•	•				5c		16 V v D v		
		•	. ,	J	(See instructions.)			Yes No		
b					dent qualified public accountant (IQ ons.)			X Yes No		
			•	•	SF and must instead use Form 55					
Pa	art III F	Financial Inforr	nation							
7	Plan Ass	ets and Liabilities			(a) Beginning of Year		(b) End o	f Year		
а	Total plai	n assets		7a	156542	2		223289		
b	Total plai	n liabilities		7b	()				
C	Net plan	assets (subtract line	e 7b from line 7a)	7с	156542	2 22328				
8	Income, I	Expenses, and Trar	sfers for this Plan Year		(a) Amount	(b) Total				
а		tions received or rec		90(1)	328 ⁻					
					18609					
	` '	•	rs)	· · · ·	10000	<u>-</u>				
b										
	Othernic	,UITIE (1033)		0h	16619	2				
_	Total inco	omo (add linas 8a(1) 82(2) 82(3) and 8h)		46648	3		68534		
c d), 8a(2), 8a(3), and 8b)	8c	46648	3		68534		
c d	Benefits	paid (including direc		8c	178			68534		
	Benefits to provide	paid (including direct benefits)), 8a(2), 8a(3), and 8b)t rollovers and insurance premiur	8c ns 8d				68534		
d	Benefits to provide Certain d	paid (including direct e benefits)d deemed and/or corre), 8a(2), 8a(3), and 8b) trollovers and insurance premiur	8c ns 8d s) 8e				68534		
d e	Benefits to provide Certain d Administr	paid (including direct e benefits)deemed and/or correct rative service provice), 8a(2), 8a(3), and 8b) et rollovers and insurance premiur	8c s s s s s s s s s s s s s s s s s s s				68534		
d e f	Benefits to provide Certain de Administration Other exp	paid (including direct e benefits)deemed and/or correct rative service provice penses), 8a(2), 8a(3), and 8b) et rollovers and insurance premiur ective distributions (see instruction lers (salaries, fees, commissions)	8c ns 8d s)8e 8f 8g				68534 1787		
d e f g	Benefits to provide Certain de Administration Other exp	paid (including directed benefits)deemed and/or correstative service provice penses (add lines 80), 8a(2), 8a(3), and 8b) et rollovers and insurance premiur ective distributions (see instruction lers (salaries, fees, commissions)	8c ns 8d s) 8e 8f 8g 8h						

		•	
Part IV	Plan	Charac	teristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2A 3H 2G 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Plan Chara	cteris	iic Co	des in	tne instructi	ons:			
Part '	٧	Compliance Questions										
10	Dui	ing the plan year:			Yes	No		Amount				
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X						
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		10b		X						
С	Wa	as the plan covered by a fidelity bond?		10c	X				25000			
		the plan have a loss, whether or not reimbursed by the plan's fideli	10d		X							
	ins	re any fees or commissions paid to any brokers, agents, or other per prance service or other organization that provides some or all of the pructions.)	10e		X							
f	Has	s 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 y	year end.)		10q		X					
		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		X					
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i		X					
Part \	۷I	Pension Funding Compliance										
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No		
		,,							Yes			
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
а	lf a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar						ne letter ru Year	-		
If y	ou (completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	skip to line 13.		_		T				
b	Ent	er the minimum required contribution for this plan year					12b					
		er the amount contributed by the employer to the plan for this plan y					12c					
		tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	,	-			12d					
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A		
Part \	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?				T	Yes	X No		
		es," enter the amount of any plan assets that reverted to the emplo					13a					
	of t	re all the plan assets distributed to participants or beneficiaries, tran ne PBGC?							Yes	X No		
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ie plai	n(s) to)		1			
13	3c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)		
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonabl	e cau	ise is	establ	ished.				
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.										
SIGN	F	iled with authorized/valid electronic signature.	06/16/2010	ASSOCIATED PE	NSIC	N CO	NSUL	TANTS				
HERE	- Г	Signature of plan administrator	Enter name of in	individual signing as plan administrator								

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

mployee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

P	art I Annual Report Identification Information								
	the calendar plan year 2009 or fiscal plan year beginning	2009-	01-01	and ending	200	9-12-31			
				ot multiemployer)	П	one-participant plan			
_		final return/	report						
_	片		•	ort (less than 12 month	s)				
C	Check box if filing under: Form 5558	extension	•	ĺП	DFVC program				
C	special extension (enter description)				ч	, ,			
Б									
	art II Basic Plan Information enter all requested inform	nation.			1b ⊤	hree-digit			
ıa					p!	an number			
	ENVIZAGE DEVELOPMENT GROUP INC 401K PROFIT SHAF	RING PLAN	N			PN) ► 001 ffective date of plan			
					ľ	007-01-01			
2a	Plan sponsor's name and address (employer, if for single-employer pla	n)			2b ∈	mployer Identification Number			
	ENVIZAGE DEVELOPMENT GROUP INC					EIN) 20-2292542			
	200 GALLOWAY DRIVE				2c Plan sponsor's telephone number (509) 966-8415				
	200 GRIDOWAL DILVE				2d Business code (see instructions)				
us	YAKIMA WA 98908-0000					51112			
3a	Plan administrator's name and address (If same as plan employer, ente SAME	er "Same")			3D A	dministrator's EIN			
						20 1			
					3C A	3C Administrator's telephone number			
			-4						
4	If the name and/or EIN of the plan sponsor has changed since the last name. EIN and the plan number from the last return. Sponsor's Name	return/repor	t filed for this p	lan, enter the	4b EIN				
	name, EIN and the plan number from the last return. Sponsor's Name		4c PN						
5a	Total number of participants at the beginning of the plan year				5a	19			
b	Total number of participants at the end of the plan year				_5b	20			
С	Total number of participants with account balances as of the end of the complete this item)				5c	16			
6a	Were all of the plan's assets during the plan year invested in eligible as					XYes No			
b	• • • • • • • • • • • • • • • • • • • •			c accountant (IQPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form				• • •	XYes No			
ъ	art III Financial Information	3300-31 al		ad use i oilli 5500.					
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year			
а	Total plan assets	. 7a	(a) 5.	156,542		223,289			
b	Total plan liabilities	7a 7b		130,342					
c	Net plan assets (subtract line 7b from line 7a)	. 7c		156,542		223,289			
8	Income, Expenses, and Transfers for this Plan Year	. , , , ,		a) Amount		(b) Total			
а	Contributions received or receivable from:								
	(1) Employers	. 8a(1)		3,281	4				
	(2) Participants	. 8a(2)		18,605					
	(3) Others (including rollovers)	. 8a(3)			-				
b	(, , , , , , , , , , , , , , , , , , ,	. 8b		46,648					
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				68,534			
u	to provide benefits)	nefits paid (including direct rollovers and insurance premiums provide benefits)							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		-,:		and the second second			
f	Administrative service providers (salaries, fees, commissions)	. 8f				Supplied to the second			
g	Other expenses	· 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				1,787			
i	Net income (loss) (subject line 8h from line 8c)	. 8i		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		66,747			
i	Transfers to (from) the plan (see instructions)	. 8j		<u> </u>					

Pai	rt IV	Plan Char	ractoristic	`e													
		olan provides per			policable pensi	on footur			am tha li	int of I	Dlan Charac		·				
Ju			2A 3H	s, enter the a	pplicable perisi	on leature	e cou	es iic	om me Li	IST OF I	Pian Charac	teristic C	odes ii	n the in	istructions:		
b	If the	olan provides we	elfare benefits	s, enter the ap	oplicable welfar	e feature	code	s fror	n the Lis	t of P	lan Characte	eristic Co	des in	the ins	tructions:		
Pa	rt V	Compliance	e Questio	ns		•										-	
10	Duri	ng the plan year	:										Yes	No	A	mount	
а		there a failure to									scribed in	40		x			
b		CFR 2510.3-1023 e there any none									s reported	· 10a		-	1	,	
		ne 10a.)										. 106	,	x			
С	Was	the plan covere	ed by a fidelity	/ bond?								100	x				25,000
d	Did	the plan have a l	loss, whether	or not reimb		an's fidelit	ty bo	nd, th	at was c	ausec		. 100	i	х			
е	insu	e any fees or con rance services o ructions.)	r other organ	ization that p	rovides some d	or all of the	e ber	efits	under th	e plar	n? (See	10€		x			
f		the plan failed to							• •			10f	1	x			
g		the plan have an					ear e	nd)					 	$\frac{1}{x}$			
h	If th	s is an individual 0.101-3.)	l account plai	n, was there a	a blackout perio	od? (See i	instru	ction	s and 29) CFR		100		х			
i	If 10	h was answered	l "Yes," check	k the box if yo	ou either provid	ed the red	quire	d noti	ce or one	e of th	ne		-				
Par		Pension Fu										.	<u> </u>	. <u>I</u>			
11		is a defined bene	efit plan subje	ect to minimu		irements	? (If "	Yes,"	see inst	tructio	ns and comp	olete Sch	nedule	SB (Fo	orm	Yes	ХNо
12		is a defined cont	tribution plan	subject to the	e minimum fund	ding requi	reme									Yes	X No
a If	gran	waiver of the min ting the waiver ompleted line 12		· • • • •							1	tions, an Month	d ente	r the da Day	te of the lett	er ruling Year	
b		er the minimum re											. [12b			
С	_	er the amount co											_ r	12c			****
d		tract the amount ative amount)			nt in line 12b. E									12d			
е		the minimum fun					ınding	j dea	dline?		<u> </u>				Yes	No	□ N/A
Par	t VII	Plan Term	inations	and Trans	sfers of As	sets					•						
13a		a resolution to te								r? .			ے			Yes	X No
		es," enter the am					 -							13a			NW. 44
b	of th	e all the plan ass e PBGC?												ol 		Yes	X No
		ring this plan yea h assets or liabil					is pla	in to a	another p	plan(s), identify the	e plan(s)	to				
	13c(1)	Name of plan(s)	:										13c(2) EIN(s) 13				PN(s)
			V-1													+	
Cauti	ion: A	penalty for the	late or incon	nplete filing	of this return/	report wi	II be	asse	ssed un	ıless ı	reasonable	cause is	estak	olished	L		* Pari Sc.
SB or	r Sched	Ities of perjury ar Jule MB complete ue, correct, and	ed an∕d∕signe	alties set forth d by an enrol	in the instructi led actuary, as	ons, I dec well as th	clare i	that I	have ex	amine on of th	ed this return his return/rep	/report, oort, and	includir I to the	ng, if ap best of	oplicable, a S f my knowled	Schedule Ige and	
		. //	/ Piote.			7		b	, 0/,1	01	7-11	10	0.1	<u> </u>			
SIG		ignatura	/ 242dminists	•••				-	· /·		14	/ U	ں حسر	(**
		ignature of plan	gauministra	ior			Date	1	0/10		ntername of		al signi	ing as p	olan administ	rator	
SIG	1		1/1/	<u>/</u>			6		<u>o/(•</u>		DA	<i>∨</i> e	<u> </u>	ر ہو			
175	^- S	ignature of em	oloyer/plans	ponsor			Date			<u> </u> Er	nter name of	individu	al signi	ing as e	employer or p	olan spons	or

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