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

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500)-SF.					
		lentification Information								
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009				
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan			
В	This return/report is for:	first return/report	final retur	n/report		_				
		an amended return/report	short plan	year return/report (less than 12 mor	nths)					
С	C Check box if filing under: Form 5558 automatic extension special extension (enter description)					DFVC program				
Da	rt II Basic Plan Inforr	nation—enter all requested information								
	Name of plan	mation—enter all requested informa	alion		1h	Three-digit				
	JMBIA ENVIRONMENTAL SCII	ENCES INC 401K PLAN			110	plan number				
						(PN) •	001			
					1c	Effective date of				
						06/09/2				
	Plan sponsor's name and addre JMBIA ENVIRONMENTAL SCII	ess (employer, if for single-employer	plan)		2b		ification Number			
COL	JINDIA ENVIRONNENTAL SCI	ENCES INC		•	2c	(EIN) 91-162	telephone number			
6503	W OKANOGAN AVE STE C				20		33-5571			
KENI	NEWICK, WA 99336-7829				2d	Business code	(see instructions)			
0 -					01.	111100				
	Plan administrator's name and JMBIA ENVIRONMENTAL SCII	address (if same as Plan sponsor, ele ENCES INC 6503 W OKA		,	3D	3b Administrator's EIN 91-1629639				
002		KENNEWICH			3c		telephone number			
						509-78	•			
		an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
-	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4 c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	<u> </u>	8			
_	Total number of participants at the beginning of the plan yearTotal number of participants at the end of the plan year									
	·	ith account balances as of the end of		ļ	5b		8			
С				The state of the s	5с		8			
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No			
	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)					
				ons.)			X Yes No			
Do			orm 5500-	SF and must instead use Form 550	00.					
		ation								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	d of Year			
	Total plan assets		7a	102237	-		170537			
b	·		7b	0			0			
<u> </u>		'b from line 7a)	7c	102237			170537			
8	Income, Expenses, and Transf			(a) Amount		(b)	Total			
а	Contributions received or recei	vable from:	8a(1)	27039						
	, , , ,		8a(2)	36262						
	` ')		0						
b			` '	6041	1					
С	,	8a(2), 8a(3), and 8b)			693					
d		rollovers and insurance premiums								
	to provide benefits)	•	. 8d	0						
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	0	0					
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	1042	42					
g	Other expenses		. 8g	0						
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h				1042			
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				68300			
j		ee instructions)		0						

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?							10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)							
f	Has the plan failed to provide any benefit when due under the plan?			X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			X				
i	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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					[Yes	X No
2								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	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 a negative amount)							
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							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			1		
1	3c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/30/2010	ROBERT L. ERIKSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/30/2010	ROBERT L. ERIKSON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor