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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200)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-participant plan			
В -	This return/report is for:	first return/report	n/report						
		year return/report (less than 12 mor	nths)						
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program			
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
	•	DUP, INC. 401(K) PLAN & TRUST				plan number			
						(PN) F			
					1c	Effective date of plan 09/22/2008			
22	Dlan anangar's name and add	lroop (ampleyor if for single ampleyor	r nlon)		2h	Employer Identification Number			
	CADIA INTERNATIONAL GRO	ress (employer, if for single-employer	piari)		20	(EIN) 91-1819911			
		•			2c	Plan sponsor's telephone number			
	E BELLEVUE DRIVE					425-283-1090			
	E 116 EVUE, WA 98005				2d	Business code (see instructions) 114110			
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same) ")	3b	Administrator's EIN			
	CADIA INTERNATIONAL GRO	OUP, INC. 9 LAKE BEL				91-1819911			
		SUITE 116 BELLEVUE,	WA 98005		3c Administrator's telephone nu				
4 1	the name and/or FIN of the n	lan sponsor has changed since the la	et return/re	port filed for this plan, enter the	425-283-1090 4b EIN				
	•	er from the last return/report. Sponso		port med for this plan, enter the	TO LIN				
					4c	PN			
5a	Total number of participants a	at the beginning of the plan year			5a	3			
b	Total number of participants a	at the end of the plan year			5b	3			
С		with account balances as of the end o			5c	3			
62	· · · · · · · · · · · · · · · · · · ·	during the plan year invested in eligit							
		the annual examination and report of							
		(See instructions on waiver eligibility				X Yes No			
		her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Inform	nation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	3049)	7843			
b	Total plan liabilities		. 7b	()				
С	Net plan assets (subtract line	7b from line 7a)	. 7с	3049)	7843			
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received		90(1)	2072	,				
	., . ,			2072	╣				
		s)			0				
b	` ` ` ` ` `		- · · ·	650					
	` ,			030	_	4794			
c d		, 8a(2), 8a(3), and 8b) rollovers and insurance premiums	. 80			4734			
u	1 (. 8d						
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e						
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	, 8e, 8f, and 8g)	. 8h			0			
i	Net income (loss) (subtract lin	ne 8h from line 8c)	8i			4794			
j	Transfers to (from) the plan (s	see instructions)	. 8i						

Form 5500-SF 2009	Page 2- 1
-------------------	------------------

Part IV	Plan	Characteristics

HERE

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

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 3E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		is there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Cline 10a.)		X						
С	W	as the plan covered by a fidelity bond?	10c		X					
d		I the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?		Х						
е										
f	На	s the plan failed to provide any benefit when due under the plan? .			10f		X			_
g	Dio	I the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (Sec			10h		X			
i		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					
art	۷I	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Yes									
12	ls	this a defined contribution plan subject to the minimum funding req	quirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
а		waiver of the minimum funding standard for a prior year is being a nting the waiver.								
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		T Cal	
-		er the minimum required contribution for this plan year		-			12b			
		er the amount contributed by the employer to the plan for this plan					12c			
d		otract the amount in line 12c from the amount in line 12b. Enter the gative amount)				[12d			
е	Wil	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	На	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the empl	loyer this year				13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought u	ınder	the co			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from tich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to				
1	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3) PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	lished.		
SB o	· Śc	nalties of perjury and other penalties set forth in the instructions, I onedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
CIO:		Filed with authorized/valid electronic signature.	10/01/2010	HO KIM						
SIGI	V	-								

Date

Date

10/01/2010

Enter name of individual signing as plan administrator

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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection.

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

F	artii Annual Report	t Identification Informatio	n								
Fo	the calendar plan year 2009	or fiscal plan year beginning		2009	-01-01 and ending	20	09-12-31	SOLVENSIONER MEDITE			
A	This return/report is for:	x single-employer plan	П	multiple-e	mployer plan (not multiemployer)	ſ	one-participal	nt plan			
	This return/report is for:	first return/report	Ħ	final returi	/report	L					
_	This total in Topolitio Tor.	an amended return/report	=		year return/report (less than 12 mont)	10)					
_			H			ıэ) Г	7 prvo				
C	Check box if filing under:	x Form 5558	Ц		extension		DFVC progra	m			
		special extension (enter descri	ption)				7 20				
		ormation enter all requested	infor	nation.	7 20 20 20 20 20 20 20 20 20 20 20 20 20						
1a	Name of plan						Three-digit plan number				
	CASCADIA INTERNATIO	NAL GROUP, INC. 401(K) P	LAN	& TRUS	T		(PN) ►	001			
							Effective date of	plan			
_				1 2 300			2008-09-22				
2a		dress (employer, if for single-employ	er pla	ın)			Employer Identif				
	CASCADIA INTERNATIO	NAL GROUP, INC.				(EIN) 91-1819911 2c Plan sponsor's telephone number					
	9 LAKE BELLEVUE DRI	VE				(425) 283-1090					
us	SUITE 116 BELLEVUE	WA 98005					Description of the same of the	see instructions)			
3a		nd address (If same as plan employe	er. ent	er "Same')		114110 Administrator's E	IN			
	Same	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,						
						3c	Administrator's to	elephone number			
						3c Administrator's telephone numbe					
4	If the second and for FINI of the	alan and alan alan alan alan alan alan a	- 14		art filed for this plan, ontout he	4b	-1N1				
4	name, EIN and the plan num	e plan sponsor has changed since th ber from the last return. Sponsor's N	e iast Iame	return/rep	ort filed for this plan, enter the						
			•			4c	PN				
5a	management committee and the second second	at the beginning of the plan year .				5a	<u> </u>	3			
b		at the end of the plan year with account balances as of the end				5b		3			
						5c		3			
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No			
b					nt qualified public accountant (IQPA)			□V ₂ , □N ₂			
		(See instructions on waiver eligibility her 6a or 6b, the plan cannot use l			The state of the s	• •		x Yes ☐ No			
D:	art III Financial Infor					CORN TOTAL					
7	Plan Assets and Liabilities	manon			(a) Beginning of Year		(b) End	of Year			
a	Total plan assets		4	7a	3,049	 	(3) 2.10	7,843			
b	Total plan liabilities		• 1	7b	0			7,013			
С	Net plan assets (subtract line	7h from line 7a)		7c	3,049			7,843			
 8	Income, Expenses, and Trans	· · · · · · · · · · · · · · · · · · ·	• 1	70	(a) Amount		(b) T				
а	Contributions received or received				(a) Alliount		(0) 1				
	(1) Employers	* * * * * * * * * * * * * * * * * * *		8a(1)	2,072						
	(2) Participants			8a(2)	2,072		-	A Care Service			
	(3) Others (including rollovers	s)		8a(3)	0	4					
þ	Other income (loss)			8b	650		18 134	1996			
Ç	Total income(add lines 8a(1),		٠.,	8c				4,794			
d	Benefits paid (including direct to provide benefits)	rollovers and insurance premiums									
6	Table Total Statement Calls Statement Statement Calls Statemen	ative distributions (see instructions)	•	8d		-		100			
e f		ctive distributions (see instructions)	- 1	8e 8f		151					
g	Other expenses	ers (salaries, fees, commissions) .	:	-			44.00	1.00			
	•		•	8g				^			
n i	Total expenses (add lines 8d,	the season determined to the season of the s	• •	8h			-	0 4,794			
ı i	Net income (loss) (subject line			8i				4,/74			
1	mansiers to (norm) the plan (s	see instructions)		8i		100000000000000000000000000000000000000	5.0				

9a 1	9a 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 3E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	V Compliance Questions				*					
10	During the plan year:				Yes	No	An	nount	WORL - 12 22- 12- 12- 12- 12- 12- 12- 12-	
а	Was there a failure to transmit to the plan any participant contribution with 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Cor			10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)	t include transa	ctions reported	10b		x			2.	
С	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity b or dishonesty?	ond, that was c	aused by fraud	10d	tuur vo	x				
е	Were any fees or commissions paid to any brokers, agents, or other person insurance services or other organization that provides some or all of the be instructions.)	enefits under the	e plan? (See	10e		х		50 - 0		
f	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		x				
h	If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3			10i			er sunt i			
-	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If 5500))							Yes	x No	
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
a If y										
b	Enter the minimum required contribution for this plan year			•	· L	12b			****	
c d	Enter the amount contributed by the employer to the plan for this plan year									
	negative amount)			•	٠ ட	8	☐Yes ☐	No [□N/A	
e Part	Will the minimum funding amount reported on line 12d be met by the fundivil Plan Terminations and Transfers of Assets	ing deadline? .	* * * * * *	• •	• •	•	L res L	7100 F		
13a	Has a resolution to terminate the plan been adopted during the plan year o	r any prior year	?		. <u>.</u>			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer $% \left(1\right) =\left(1\right) \left(1\right$	this year	* * * * * *		•	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	rred to another p	plan, or brought unde	er the	contro	ol • •		☐Yes [x No	
	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another p	lan(s), identify the pl	an(s)	to		n		-816 06	
1	3c(1) Name of plan(s):	bon. c			130	(2) EI	N(s)	13c(3) P	N(s)	
						3.00.00		*		
Cautio	n: A penalty for the late or incomplete filing of this return/report will be	assessed unle	ess reasonable cau	se is	estah	lisher			,	
Under	penalties of perjury and other penalties set forth in the instructions, I declare	that I have exa	amined this return/re	port, i	ncludi	ng, if a	applicable, a S		N	
	Schedule MB completed and signed by an enrolled actuary, as well as the e it is true, correct, and complete.				to the	pest (or my knowled	age and		
SIGN	Alilla. 9-	-30-2016	HO K	im	2000			Carlos IV		
HER	Signature of plan administrator Date		Enter name of indiv	/idual	signin	g as p	lan administr	ator		
SIGN	1 290/1/V// 9.	-30 -5010	Joon (Ch	ae					
HER		D.	Enter name of indiv	/idual	signin	g as e	mployer or pl	an sponso	٢	
				h à G ivern						

Page **2-**

Form 5500-SF (2009)

Plan Characteristics

Part IV