	Form 5500-SF Short Form Annual Return/Report of Small Emplo					OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2009			
Er	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
		single-employer plan		mployer plan (not multiemployer)	2/01/1	one-participant plan			
	This return/report is for:	first return/report	final retur						
Б	This return/report is for:			•	nths)				
C	C Check box if filing under: Image: The state of t								
	C Check box if filing under: Form 5558 automatic extension DFVC program DFVC program								
Pa	art II Basic Plan Inform	nation—enter all requested information							
	Name of plan		allon		1b	Three-digit			
	THVISION INTERNATIONAL,	NC. 403(B) PLAN				plan number			
						(PN)			
					10	Effective date of plan 01/01/2005			
	Plan sponsor's name and addre THVISION INTERNATIONAL,	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1708912			
		NO.			2c	Plan sponsor's telephone number			
	N. 30TH ST, SUITE 201 OMA, WA 98403				2d	253-779-5858 Business code (see instructions)			
3a	Plan administrator's name and	address (if same as Plan sponsor, er	nter "Same	3")	3b	621111 Administrator's EIN			
	LTHVISION INTERNATIONAL,	NC. 2200 N. 30TH	H ST, SUIT			91-1708912			
TACOMA, WA 98403						Administrator's telephone number 253-779-5858			
		n sponsor has changed since the las	port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN			
5a Total number of participants at the beginning of the plan year					-	5			
b	Total number of participants at	the end of the plan year				5b 5			
C	Total number of participants wi	th account balances as of the end of	the plan y	ear (defined benefit plans do not		5			
62	complete this item)								
	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA) 								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
'a			7a	(a) Beginning of Year 258074		337082			
b	•	plan liabilities							
с	•	b from line 7a)	7c	25807	4	337082			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei								
	., .,		8a(1)	3000					
			8a(2)	4352	5				
h			8a(3)	0.45					
b		$P_{\alpha}(2)$ $P_{\alpha}(2)$ and $P_{\alpha}(2)$	8b	845	6	81981			
c d		3a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			01901			
			8d						
е	Certain deemed and/or correct	ve distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	Other expenses		8g	297	3				
h		3e, 8f, and 8g)	8h			2973			
i		8h from line 8c)				79008			
Ĵ	Transfers to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2M 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amour	nt	
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)							18185
b				x				
С	Was the plan covered by a fidelity bond?	10c		Х				
d								
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?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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						
Part	VI Pension Funding Compliance							
11								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf	rou 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								
е	Will the 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								× 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?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)						-	
13c(1) Name of plan(s):					13c(2) EIN(s)			PN(s)
					*			
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is i	establi	shed.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/07/2010	MICHAEL ATCHISON
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	· ·	Report of Small Employ Plan	oort of Small Employee				
Internal Revenue Service This form is required to be filed					2009			
Department of Labor Retirement Income Security Ad				e Code (the Code).				
	ployee Benefits Security Administration ension Benefit Guaranty Corporation	, ,	ee.		pection			
		lentification Information	ance with	the instructions to the Form 5500	- <u>ə</u> r.			
	calendar plan year 2009 or fisca		1/01/2	009 and ending		12/31/200	9	
Ат	his return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participar	nt plan	
ВТ	his return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plan	year return/report (less than 12 mor	iths)			
C (Check box if filing under:	X Form 5558	automatic	extension		DFVC program	m	
107-0-0-0-0		special extension (enter descriptio					·	
1		mation-enter all requested information	ation		46	Thurs digit		
	Name of plan Healthvision Interr	national, Inc. 403(b)			ar	Three-digit plan number		
	Plan	· · · · · · · · · · · · · · · · · · ·				(PN)	001	
					1c	Effective date of 01/01/2005		
29	Plap sponsor's name and addr	ess (employer, if for single-employer	nian)		2b	Employer Identif		
	Healthvision Interr	ess (employer, if for single-employer national, Inc.	pian)			(EIN) 91-170	8912	
					2c	Plan sponsor's to (253)779-5	elephone number	
	2200 N. 30th St, Su	uite 201			2d	Business code (s		
	Tacoma			WA 98403		621111		
3a ₋	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	9″)	.3D	Administrator's E	IN	
					Зc	Administrator's t	elephone number	
	the name and/or FIN of the nl	an sponsor has changed since the la	et return/re	nort filed for this plan, enter the	46	EIN		
		r from the last return/report. Sponso		port med for this plan, enter the				
	·					PN		
5a Total number of participants at the beginning of the plan year					<u>5a</u>		5	
	· ·	t the end of the plan year			5b		5	
C	complete this item)	ith account balances as of the end of	i the plan y	ear (denned benenit plans do not	5c		5	
6a	Were all of the plan's assets of	turing the plan year invested in eligib	le assets?	(See instructions.)			X Yes 🗌 No	
b				ndent qualified public accountant (IQ ions.)			X Yes No	
		· · ·		SF and must instead use Form 55				
Pa	rt III Financial Inform	ation	a of the loss of a data is the office	1				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
a	•	······	. 7a	258,07	4	4 337,0		
b	•			258,07	1		337,082	
<u> </u>		7b from line 7a)	- 7c	(a) Amount	<u></u>	(b) T		
o a	income, Expenses, and Trans Contributions received or rece		<u>19-887 100934403</u>		44.5	<u>, (u) 1</u>		
				30,00				
	., .		. 8a(2)	43,52	<u>5 </u>			
ь	· · · · · · · · · · · · · · · · · · ·	3)						
d C		8a(2), 8a(3), and 8b)		8,45			81,981	
c d		rollovers and insurance premiums						
	to provide benefits)		. 8d	······································				
		tive distributions (see instructions)	. <u>8e</u>					
f		rs (salaries, fees, commissions)		2,97	<u></u>			
g h		8e, 8f, and 8g)		2,97		ovata († 1995) ANSSER	2,973	
n i		e 8h from line 8c)	-				79,008	
i		ee instructions)		an na managan na managan na managa na kabana ang kabana kabana kabana kabana kabana kabana kabana kabana kabana Na na managana na kabana kab				
		- OMD Control Numbers and the instructi)	<u> </u>	12518	alan na tanàn ang kanang kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia ka Iona dia kaominina dia kaomi	Form 5500 SE (2008)	

Form 5500-SF 2009

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2M 3D

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

Part V **Compliance Questions** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а 18,185 Х 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a h Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... 10c С Was the plan covered by a fidelity bond?..... Х Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d 10d Х or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Has the plan failed to provide any benefit when due under the plan? f 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Х q 10a If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h Χ 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3..... 101 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 5500))..... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... (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 instructions, and enter the date of the letter ruling а Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c c Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a d 12d negative amount) N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No Part VII Plan Terminations and Transfers of Assets X Yes No **13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control b Х Yes No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to С which assets or liabilities were transferred. (See instructions.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN Remark L. Bakk		Kenneth L. Bakken
HERE Signature of plan administrator	Date 10-5-10	Enter name of individual signing as plan administrator
SIGN Kenneth & Bakher		
HERE Signature of employer/plan sponsor	Date 10-5-10	Enter name of individual signing as employer or plan sponsor