	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			2009			
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A				This Form is Open to Public			
P	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		g					
	This return/report is for:	first return/report	mployer plan (not multiemployer)	one-participant plan					
в	This return/report is for:		final return	vear return/report (less than 12 mo	nthe)				
C		an amended return/report			nuis)	DFVC program			
	Check box if filing under:	special extension (enter descriptio		extension					
Pa	rt II Basic Plan Inform	nation—enter all requested information	,						
	Name of plan				1b	Three-digit			
		ULTING 401(K) PROFIT SHARING	PLAN			plan number			
					10	(PN) 🕨			
						Effective date of plan 01/01/1999			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-2169585			
					2c	Plan sponsor's telephone number 425-321-0178			
BOTH	8 - 46TH DR. S.E. HELL, WA 98012				2d	Business code (see instructions) 541219			
	Plan administrator's name and RGREEN COLLATERAL CONS	address (if same as Plan sponsor, er ULTING, LLC 16118 - 46TH		3")	3b	Administrator's EIN			
	GREEN COLLATERAL CONS	BOTHELL, W			3c	91-2169585 Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the						425-321-0178 b EIN			
	name, EIN, and the plan numbe								
50	Total number of participants at	the beginning of the plan year				PN			
		5a 5b	38						
 b Total number of participants at the end of the plan year c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 						35			
	complete this item)								
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
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				(b) End of Year				
a b	•		7a 7b	116928	<u>'</u>	1052669			
c	•	b from line 7a)	70 70	116928	1	1052669			
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or recei		8a(1)						
	(1) Employers			7455					
	(2) Participants			71550					
b	., ,	Others (including rollovers) 8a(3) her income (loss) 8b							
c	· · · ·		8c	30270		404515			
d									
	to provide benefits)		8d 8e	51291					
e f				6212	2				
t a	•	s (salaries, fees, commissions)		400					
g h	•	3e, 8f, and 8g)	8g 8h	1990	52112				
i		8 8h from line 8c)	8i		-11661				
j		e instructions)							

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

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Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2T 3E 3H
 - 2F
- **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	Du	uring the plan year:		Yes	No		Amo	unt	
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)							8497
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С	W	/as the plan covered by a fidelity bond?	10c		Х				
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х				
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х		82895			
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11									
lf y b c d	(If If a gra /ou En En Su ne	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- anting the waiver	ctions, th of a	and e	nter th Day 12b 12c 12d	e date of	the let Year		
е	Wi	II the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	VI	Plan Terminations and Transfers of Assets							
13a	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?							× No	
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b c	of If (ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought o the PBGC? during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)						Yes	X No
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(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 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.	10/14/2010	MICHAEL K. PARKER
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

11	Form 5500-SF	rm 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan					OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Integral Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo					2009			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Employee Benefits Security Administration						This Form is Open to Pub			
P	Pension Benefit Guaranty Corporation Inspection								
	Part I Annual Report Identification Information								
	calendar plan year 2009 or fisca			and ending					
	This return/report is for:	single-employer plan	-	mployer plan (not multiemployer)		one-participant pla	an		
B	This return/report is for:	first return/report	final return						
	Ĺ	an amended return/report		year return/report (less than 12 mo	nths)	_			
C	Check box if filing under:	(Form 5558	automatic	extension		DFVC program			
210-20		special extension (enter descrip	20 						
		nation-enter all requested infor	mation						
	Name of plan				1b	Three-digit plan number			
EVE!	RGREEN COLLATERAL CONS	ULTING 401(K) PROFIT SHARIN	3 PLAN		(PN) ▶ 001				
					1c	Effective date of plan 01/01/1999	n		
	Plan sponsor's name and addre	ess (employer, if for single-employed ULTING LLC	er plan)		2b	2b Employer Identification Number (EIN) 91-2169585			
1611	8 - 46TH DR. S.E.				2c	Plan sponsor's telep 425-321-01	hone number		
	HELL WA 98012				2d	Business code (see instructions 541219			
3a SAM		address (if same as Plan sponsor,	enter "Same	ⁿ)	3b	b Administrator's EIN 91-2169585			
					3c	3c Administrator's telephone number 425-321-0178			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter name, EIN, and the plan number from the last return/report. Sponsor's name						EIN			
1.	tame, cirv, and the plan numbe	r nom the last return report. Opon	SUISINAINE		4c	PN			
5a Total number of participants at the beginning of the plan year							38		
b Total number of participants at the end of the plan year							35		
c	Total number of participants wi complete this item)	5b 5c		27					
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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	rt III Financial Informa			or and materiale a doc rolling	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Y	'ear		
а	Total plan assets		7a	1169281		10526			
b	Total plan liabilities		<u>7b</u>						
C		'b from line 7a)	7c	116928		ti	1052669		
8	Income, Expenses, and Transl			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers		89/1)						
	8a(1) (2) Participants			71550	0				
)	2 22			-			
b				<u> </u>					
с		8a(2), 8a(3), and 8b)		002100			404515		
d	Benefits paid (including direct rollovers and insurance premiums					01010			
12	to provide benefils)			512919					
e	to provide benefits) Certain deemed and/or correct	ive distributions (see instructions)	<u>8e</u>	512919 6212					
f	to provide benefits) Certain deemed and/or correct Administrative service provider	ive distributions (see instructions) s (salaries, fees, commissions)	<u>8e</u> <u>8f</u>	6212	2				
f g	to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses	ive distributions (see instructions). s (salaries, fees, commissions)	<u>8e</u> 8f 8g		2				
f	to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses Total expenses (add lines 8d, 4	ive distributions (see instructions). s (salaries, fees, commissions) Be, 8f, and 8g)	<u>8e</u> <u>8f</u> <u>8g</u> <u>8h</u>	6212	2		521127		
f g	to provide benefits) Certain deemed and/or correct Administrative service provider Other expenses Total expenses (add lines 8d, 4 Net income (loss) (subtract line	ive distributions (see instructions). s (salaries, fees, commissions)	8e 8f 8g 8h 8i	6212	2		521127 -116612		

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

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: 2E 2F 2G 2J 2K 2T 3E 3H
- 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 Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 8497 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... 10c С X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X or dishonesty? 10d e 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 X instructions.)..... 10e Has the plan failed to provide any benefit when due under the plan? f Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... X 82895 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h Х 2520.101-3.) 10h 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..... 10i Part VI 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 No 12 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.) 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 Day Year If you 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 c 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 12d negative amount) e 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 Has a resolution to terminate the plan been adopted during the plan year or any prior year? X Yes 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?..... Yes X No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(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 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 HERE	X in the	10/11/10	MICHAEL K. PARKER				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	A						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				