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

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete	all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.					
	art I Annual Report Identification									
For	calendar plan year 2010 or fiscal plan year beç	ginning 01/01/20	10	and ending 1	2/31/2	2010				
Α.	This return/report is for:	yer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/re	n/report								
	an amended	return/report	short plar	year return/report (less than 12 mo	nths)					
С	Check box if filing under: Form 5558		automatic	extension		DFVC program				
	The state of the s	nsion (enter descript	ion)							
Ds	rt II Basic Plan Information—ente	•	,							
	Name of plan	r all requested illion	nation		1h	Three-digit				
	ZAGE DEVELOPMENT GROUP INC 401K PF	ROFIT SHARING PL	AN			plan number				
						(PN) • 001				
					1c	Effective date of plan				
						01/01/2007				
	Plan sponsor's name and address (employer,	if for single-employe	er plan)		2b	Employer Identification Number				
ENVI	ZAGE DEVELOPMENT GROUP INC				20	(EIIV)				
200 (SALLOWAY DRIVE				20	Plan sponsor's telephone number 509-966-8415				
YAKI	MA, WA 98908-0000				2d	Business code (see instructions)				
						551112				
3a	Plan administrator's name and address (if san ZAGE DEVELOPMENT GROUP INC	ne as Plan sponsor, 200 GALLC	enter "Same	e") =	3b	Administrator's EIN 20-2292542				
LIVI	ZAGE DEVELOPMENT GROOF INC	YAKIMA, W			20					
					36	Administrator's telephone number 509-966-8415				
4	the name and/or EIN of the plan sponsor has	changed since the I	ast return/re	port filed for this plan, enter the	4b EIN					
1	name, EIN, and the plan number from the last	eturn/report. Spons	or's name							
					4c					
5a	Total number of participants at the beginning	of the plan year			5a	21				
b	Total number of participants at the end of the	5b	16							
С	Total number of participants with account bala			` .		11				
	complete this item)				5c	<u> </u>				
	Were all of the plan's assets during the plan			,		Yes No				
D	Are you claiming a waiver of the annual examunder 29 CFR 2520.104-46? (See instruction	ilnation and report o	t an indeper	ions)	PA)	ĭ Yes ☐ No				
	If you answered "No" to either 6a or 6b, th									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	223289)	243056				
b	Total plan liabilities		7b							
С	Net plan assets (subtract line 7b from line 7a)			223289	39 2430					
8	Income, Expenses, and Transfers for this Pla			(a) Amount	(b) Total					
а	Contributions received or receivable from:			(a) runount		(b) retui				
	(1) Employers		8a(1)							
	(2) Participants		8a(2)	21799	9					
	(3) Others (including rollovers)		8a(3)							
b	Other income (loss)		8b	24934	1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), ar	nd 8b)	8c			46733				
d	Benefits paid (including direct rollovers and in			26966	3					
	to provide benefits)			20900						
е	Certain deemed and/or corrective distributions	s (see instructions)	8e							
f	Administrative service providers (salaries, fee	s, commissions)	8f		_					
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g).		8h			26966				
i	Net income (loss) (subtract line 8h from line 8	c)	8i			19767				
i	Transfers to (from) the plan (see instructions)		8i							

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch $_{ m 2J}$ $_{ m 2K}$ $_{ m 2A}$ $_{ m 3H}$ $_{ m 2G}$ $_{ m 3D}$	aracteri	stic Co	des in	the instru	ction	is:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Cod	des in t	he instru	ction	s:	
art	V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		An	nount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	1 0b		X				
С	Was	the plan covered by a fidelity bond?	10c	X					25000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c						Yes	X No
2	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?		Yes	X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insigning the waiver.	onth						
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Г	10h				
		the minimum required contribution for this plan year		T	12b	 			
		Enter the amount contributed by the employer to the plan for this plan year		-	12c				
	nega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)		-	12d		$\overline{\Box}$	N. J	
		he 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					-		
3а	Has a	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.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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.	05/20/2011	PENSION FILERS Enter name of individual signing as plan administrator					
HERE	Signature of plan administrator	Date						
SIGN								
HERE	Signature of employer/plan sponsor	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 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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information								
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	./2010	and ending	12	/31/2010			
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (n	ot multiemployer)		one-participar	nt plan		
В	This return/report is for: first return/report	final return	rn/report						
	an amended return/report	short plan	year return/rep	ort (less than 12 mont	ns)				
c ·	Check box if filing under: Form 5558	automatic	extension	,	ĺГ	DFVC program	n		
•	special extension (enter description)]			
	<u> </u>								
	art III Basic Plan Information — enter all requested information Name of plan	mation.			1b 1	Three-digit			
	·				ļ ŗ	olan number			
	ENVIZAGE DEVELOPMENT GROUP INC 401K PROFIT SHAN	RING PLA	N		$\overline{}$	PN) ►	001		
						Effective date of 01/01/2007	pian		
2 a	Plan sponsor's name and address (employer, if for single-employer pla	ın)				Employer Identif	ication Number		
	ENVIZAGE DEVELOPMENT GROUP INC				(EIN) 20-2292542				
	200 GALLOWAY DRIVE				2C Plan sponsor's telephone number				
	200 GEESOWIE STEVE				(509) 966-8415 2d Business code (see instructions)				
US	YAKIMA WA 98908-0000				551112				
за	Plan administrator's name and address (If same as plan employer, ent SAME	er "Same")			3b /	Administrator's E	in		
					3c /	Administrator's to	elephone number		
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/report. Sponsor's		rt filed for this p	olan, enter the	4b 8	IN			
	name, EN and the plan humber from the last return/report. Sponsor's i	Name			4c F	PN			
5a	Total number of participants at the beginning of the plan year		<i></i>		5a		21		
þ						5b 16			
с —	Total number of participants with account balances as of the end of the complete this item)				5c		11		
6a	Were all of the plan's assets during the plan year invested in eligible as	ssets? (See	instructions.)				X Yes No		
þ	Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			accountant (IQPA)			X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form						Z Tes LINO		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	(a) Beginning of Year			(b) End of Year				
а	Total plan assets	. 7a	, .	223,289	1		243,056		
b	Total plan liabilities	. 7b		,					
С	Net plan assets (subtract line 7b from line 7a)	. 7c		223,289			243,056		
8	Income, Expenses, and Transfers for this Plan Year			a) Amount		(b) 1			
а	Contributions received or receivable from:			-,	- ".	Saute Sales			
	(1) Employers	. 8a(1)			_				
	(2) Participants	. 8a(2)		21,799	_				
	(3) Others (including rollovers)	. 8a(3)			_				
b	Other income (loss)	. 8b		24,934	+	: '			
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					46,733		
J	to provide benefits)	. 8d		26,966		e e e e. Legi como primer de de	·		
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		20,500	7				
f	Administrative service providers (salaries, fees, commissions)	. 8f			-		Augustian of State of		
g	Other expenses	. 8g			1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		٠.			26,966		
i	Net income (loss) (subject line 8h from line 8c)	. 8i		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		19,767		
•	Transfers to /from) the plan (see instructions)	01			+		/		

Par	t IVI Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the List	of Plan Characterist	ic Co	des in	the in	structions:		
	2E 2J 2K 2A 3H 2G 3D								
þ	If the plan provides welfare benefits, enter the applicable welfare featur	re codes from the List of	of Plan Characteristic	Cod	es in t	the inst	tructions:		
Par		*			V	I _{NI} a		.	
10	During the plan year:		[Yes	No	All	nount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		х			
b	· · · · · · · · · · · · · · · · · · ·								
	on line 10a.)			10b		х			
c	Was the plan covered by a fidelity bond?			10c	х]			25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide					ĺ			
	or dishonesty?			10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other p	ersons by an insuranc	e carrier,						
	insurance services or other organization that provides some or all of			10e		ж			
	instructions.)					х			
Ť	Has the plan failed to provide any benefit when due under the plan?			10f		+			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	•		10g		x	JEZP · . No. m. Pr.		
h	If this is an individual account plan, was there a blackout period? (Se			10h		l _x			
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			IVII				74	
'	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					nie de la company
Par	VI Pension Funding Compliance								•
11	Is this a defined benefit plan subject to minimum funding requiremen								
	5500))							Yes	
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 applicab	•							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver								
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule M					- Cu,	·		
b	Enter the minimum required contribution for this plan year				. Г	12b			
С	Enter the amount contributed by the employer to the plan for this plan				Г	12c			-
d	Subtract the amount in line 12c from the amount in line 12b. Enter th	•				45.4			
	negative amount)		· · · · · · ·		. L	12d	<u> </u>	<u></u>	
ę	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			<u> </u>	<u> </u>	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?	·		· <u>-</u>			Yes	X No
	if "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year .	<u></u> .			13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr	ransferred to another p	lan, or brought under	r the d	contro	ı		_	_
_	of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pi	an(s), identify the pla	in(s) i	10				
							IN(s)	13c(3)	DN/e\
	13c(1) Name of plan(s):					/C(<u>-</u>) _		100(0)	14(3)
	, , , , , , , , , , , , , , , , , , , 								
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed unle	ess reasonable caus	se is	estab	lished	l.		
	r penalties of perjury and other penalties set forth in the instructions, I c								
	Schedule MB completed and signed by an enrolled actuary, as well as	s the electronic version	of this return/report,	and	to the	best o	f my knowledg	ge and	
pelief	, it is true, correct, and complete.	١ . بدي سے		_	/- -				
\$10		5-17-11	David	<u>6, </u>		jul	<u>e</u>		
HE	RE Signature of plan, administrator	Date	Enter name of indi	vidua	l signi	ing as	plan administr	ator	
SIG	in /	5-17-11	David	G	<u>. S</u>	لسرد	le		
HE	RE Signature of employer blan sponsor	Date	Enter name of indi	vidua	l signi	ing as i	employer or pl	an sponso	r

Page **2-**

Form 5500-SF 2010