

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>12/31/2008</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>TROUT-BLUE CHELAN -MAGI, INC.</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>TROUT-BLUE CHELAN-MAGI, INC.</u> <u>TODD KAMERS</u> <u>P O BOX 669</u> <u>P O BOX 669</u> <u>CHELAN, WA 98816</u> <u>CHELAN, WA 98816</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1992</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>91-0287370</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>509-682-2591</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>424500</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1992</u>		2b Employer Identification Number (EIN) <u>91-0287370</u>		2c Sponsor's telephone number <u>509-682-2591</u>		2d Business code (see instructions) <u>424500</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1992</u>											
2b Employer Identification Number (EIN) <u>91-0287370</u>											
2c Sponsor's telephone number <u>509-682-2591</u>											
2d Business code (see instructions) <u>424500</u>											

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 accompanying schedules, statements and attachments, 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.

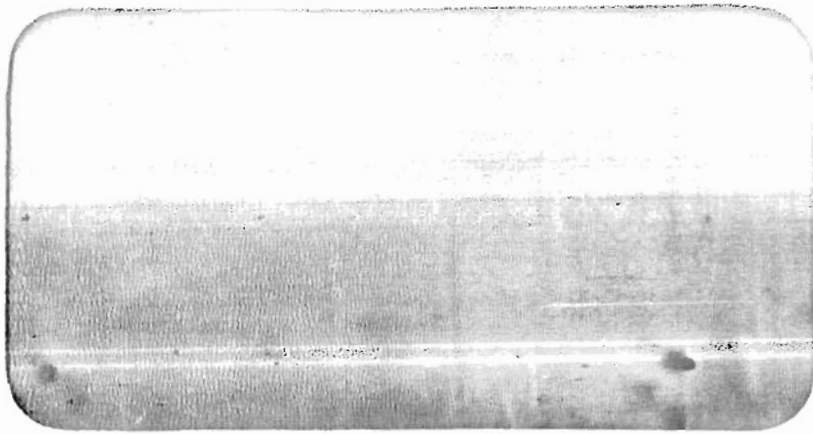
SIGN HERE	Filed with authorized/valid electronic signature.	07/05/2011	ROBERT WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TROUT-BLUE CHELAN-MAGI, INC. TODD KAMMERS P O BOX 669 CHELAN, WA 98816		3b Administrator's EIN 91-0287370
		3c Administrator's telephone number 509-682-2591
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	521
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	442
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	52
d Subtotal. Add lines 6a , 6b , and 6c	6d	494
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	495
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	209
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 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:		

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)



LITTRELL & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

**TROUT - BLUE CHELAN - MAGI, INC.
401(k) SAVINGS PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2008 and 2007

LITTRELL & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS'

INDEX

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Board of Trustees

Trout - Blue Chelan - MAGI, Inc. 401(k) Savings Plan
Chelan, Washington

We were engaged to audit the statements of net assets available for benefits (modified cash basis) of the Trout - Blue Chelan - MAGI, Inc. 401(k) Savings Plan as of December 31, 2008 and 2007, the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the supplemental schedules (modified cash basis) for the year ended December 31, 2008 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock USA Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2008 and 2007 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Littrell & Company

September 23, 2009
Wenatchee, WA

TROUT-BLUE CHELAN-MAGI, INC. 401 (k) SAVINGS PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
December 31, 2008 and 2007**

	<u>2008</u>	<u>2007</u>
ASSETS		
Investments at fair value	\$ <u>3,208,549</u>	\$ <u>4,311,800</u>
Contributions receivable		
Employer	161,546	96,473
Employee	65	161
Other	<u>16</u>	<u>16</u>
Total contributions receivable	<u>161,627</u>	<u>96,650</u>
TOTAL ASSETS	3,370,176	4,408,450
LIABILITIES	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>3,370,176</u></u>	\$ <u><u>4,408,450</u></u>

The accompanying notes are an integral part of these financial statements.

TROUT-BLUE CHELAN-MAGI, INC. 401 (k) SAVINGS PLAN

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)**

For the Years Ended December 31, 2008 and 2007

	<u>2008</u>	<u>2007</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Interest	\$ 8,509	\$ 8,048
Net investment (loss) gain from pooled separate accounts	<u>(1,188,340)</u>	<u>247,254</u>
Total investment (loss) income	<u>(1,179,831)</u>	<u>255,302</u>
Contributions		
Participants	254,032	234,216
Employer	172,784	136,561
Rollovers	<u>99,136</u>	<u>-</u>
Total contributions	<u>525,952</u>	<u>370,777</u>
TOTAL (REDUCTIONS) ADDITIONS	<u>(653,879)</u>	<u>626,079</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	380,141	375,769
Forfeiture used to reduce contributions	<u>4,254</u>	<u>11,222</u>
TOTAL DEDUCTIONS	<u>384,395</u>	<u>386,991</u>
NET (DECREASE) INCREASE IN ASSETS AVAILABLE FOR BENEFITS	(1,038,274)	239,088
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>4,408,450</u>	<u>4,169,362</u>
END OF YEAR	<u><u>\$ 3,370,176</u></u>	<u><u>\$ 4,408,450</u></u>

The accompanying notes are an integral part of these financial statements.

TROUT - BLUE CHELAN - MAGI, INC. 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2008 and 2007

NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF ACCOUNTING POLICIES

The following description of the Trout - Blue Chelan - MAGI, Inc. ("Company") 401(k) Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

DESCRIPTION OF PLAN

General

The Plan is a defined contribution plan providing voluntary salary deferral under Section 401(k) of the Internal Revenue Code. The Plan is available to all Trout - Blue Chelan - MAGI, Inc. employees who have completed one year of service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employee Contributions

Each year, employees may contribute up to the maximum percentage allowed of pretax annual compensation as defined in the Plan, subject to the maximum dollar amount allowed under the Internal Revenue Code. Employees may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Employer Contributions

The Company contributes annually an amount equal to a specified percentage of the participants' base salary, with no cap. In 2008, the Company contributed 100% of the first 4% of earnings contributed by the participant.

At the end of the Plan year, the Company, at the discretion of the Company's Board of Directors, also may make profit-sharing contributions, as defined in the Plan document. Profit-sharing contributions are allocated to eligible participants based upon the percentage of the participant's compensation to the total compensation of all eligible participants. No discretionary contributions have been made by the Company since the Plan's inception.

Participant Accounts

Each participant's account is credited with the participant's voluntary contributions, the Company's matching contribution, any employer discretionary profit-sharing contribution, and Plan earnings, which are allocated proportionately among all participants based on their investment in each fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Employer match contributions also vest immediately starting in 2008 with the switch to the safe harbor plan. Employer match contributions prior to 2008 are subject to the following vesting schedule:

TROUT - BLUE CHELAN - MAGI, INC. 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2008 and 2007

**NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF ACCOUNTING POLICIES
(CONTINUED)**

<u>Years of Service</u>	<u>Vested Percentage</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Directed Investment

The Plan allows for investment directions by individual participants. Investments may be allocated to various interest bearing funds, bond funds, equity funds and a commercial real estate fund. There is no restriction on a participant's allocation among these funds.

Forfeitures

Forfeitures of non-vested Company contributions are used to reduce future Company contributions. During 2008 and 2007, \$11,148 and \$11,222 respectively, of forfeited participant accounts were used to reduce the Company's contributions. At December 31, 2008 there are \$6,894 of forfeitures that have not yet been applied to reduce the Company's contributions.

Administrative and Audit Fees

The Company absorbs the Plan's third party administration fees and audit fees as the Plan sponsor. Commission fees are absorbed by the employees, and are reflected in employees' quarterly statements.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the rate of Prime plus 1% at the time of the loan. Loan payments are made through payroll deductions. Loan terms range from one to five years or up to ten years for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting. That basis differs from generally accepted accounting principles primarily because the Plan prepares its financial statements on a cash basis except for contributions. Contributions are reported on a plan year accrual basis.

TROUT - BLUE CHELAN - MAGI, INC. 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2008 and 2007

**NOTE 1 - DESCRIPTION OF PLAN AND SUMMARY OF ACCOUNTING POLICIES
(CONTINUED)**

New Accounting Pronouncements

The financial statements reflect the adoption of Statement on Financial Accounting Standards No. 157 (SFAS No. 157), *Fair Value Measurements*. SFAS No. 157 is effective for financial statements issued for fiscal years beginning after November 15, 2007. SFAS No. 157 established a single authoritative definition of fair value, sets a framework for measuring fair value and requires additional disclosures about fair value measurement.

In accordance with SFAS No. 157, the Plan classifies its investments into Level 1, which refers to securities traded in an active market, Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction, and Level 3, which refers to securities not traded in an active market and for which no significant observable market inputs are available. As required by SFAS No. 157, at December 31, 2008, the Plan's portfolio investments were classified as follows, based on fair values:

Level 1	\$ 3,208,549
Level 2	-
Level 3	-
Total Portfolio Investments	<u>\$ 3,208,549</u>

Investments

The Plan's investments are held in guaranteed interest accounts and various short-term investments, bond, equity, and commercial real estate funds offered by Manu life Financial. Investments are reported at fair value as quoted by this company.

Use of Estimates

The preparation of financial statements on the modified cash basis requires management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

TROUT - BLUE CHELAN - MAGI, INC. 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2008 and 2007

NOTE 2 - TAX STATUS

The Internal Revenue Service has determined and informed the Plan's sponsor by a letter dated June 17, 1997, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrators and the Plan's tax advisors believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore no provision for income taxes has been included in the financial statements.

NOTE 3 - INVESTMENTS

The December 31, 2008 and 2007 Statement of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2008 and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974. The information certified Includes total investments of \$3,370,176 and \$4,408,450 at December 31, 2008 and 2007, respectively, and the related net decrease in assets available for benefits of \$1,038,274 for the year ended December 31, 2008.

NOTE 4 - PLAN TERMINATION

Although they have not expressed intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan terminates, the participants become 100% vested in their account balances and have a non-forfeitable right to receive the proceeds.

SUPPLEMENTARY INFORMATION

TROUT - BLUE CHELAN - MAGI, INC. 401(k) SAVINGS PLAN
EIN 91-0173315
Plan Number 002

ITEM 27a - SCHEDULE OF ASSETS HELD FOR INVESTMENT
December 31, 2008

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	John Hancock	Lifestyle Conservative	\$	938,248
		Lifestyle Moderate		288,794
		Lifestyle Balanced		529,902
		Lifestyle Growth		245,260
		Lifestyle Aggressive		85,886
		3 Yr Comp		10,007
		5 Yr Comp		1,062
		10 Yr Comp		55,239
		Money Market		323,452
		Short-term		95,784
		Real Return		5,976
		Total Return		23,734
		AF Washmut		4,943
		New York Venture		32,646
		Mutual Beacon		11,731
		Balance Sheet		17,272
		Discovery		24,482
		Mid Value		15,021

TROUT - BLUE CHELAN - MAGI, INC. 401(k) SAVINGS PLAN
EIN 91-0173315
Plan Number 002

ITEM 27a – SCHEDULE OF ASSETS HELD FOR INVESTMENT
December 31, 2008

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Small Value		22,003
		RREEF		16,658
		Classic Value		495
		Domini SOC		949
		Blue Chip		8,817
		AF Growth		7,715
		Global		30,858
		Stock Market Index		8,901
		Financial		6,233
		Energy		135,562
		Mid-Cap 1		2,581
		Am Cty Vista		340
		Small-Mid Growth		7,550
		Explorer		357
		Small Growth		289
		Health Sci		34,086
		Sci Tech		4,991
		RCM Tech		43,612

TROUT - BLUE CHELAN - MAGI, INC. 401(k) SAVINGS PLAN

EIN 91-0173315

Plan Number 002

ITEM 27a – SCHEDULE OF ASSETS HELD FOR INVESTMENT

December 31, 2008

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Index 500		2,610
		Intl Value		15,370
		Index Mid		1,367
		Index Intl		245
		Participant Loans		136,373
		Cash		<u>11,148</u>
				<u>\$ 3,208,549</u>

ROBERT L. WHITE*
JAY A. JOHNSON
LEWIS W. CARD
ALLAN GALBRAITH
THOMAS F. O'CONNELL
BRYAN J. MARONEY
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*ALSO ADMITTED MONTANA

LAW OFFICES OF
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OF COUNSEL
ROBERT L. PARLETTE

MILBURN D. KIGHT - RETIRED 2007
DAVID J. DORSEY - RETIRED 2010

HARVEY F. DAVIS 1909 - 1988
JAMES ARNEIL - 1914 - 2010

QUINCY: (509) 787 4545

June 28, 2011

Internal Revenue Service
Ogden UT 84201

RE: Trout-Blue Chelan-Magi, Inc.
2008 Form 5500
EIN 91-0287370

In conjunction with Trout-Blue Chelan-Magi, Inc. 2008 Form 5500, a copy of which is attached, enclosed are reissued Financial Statements for Trout-Blue Chelan Magi, Inc. 401(k) Savings Plan.

If you have any questions concerning the foregoing, please contact Robert L. White at (509) 662-3551 or email bobw@dadkp.com

Very truly yours,



Robert L. White

5

cc: Todd Kammers
Jim Littrell, CPA

Application for Extension of Time
To File Certain Employee Plan Returns

OMB No. 1545-0212

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) Trout-Blue Chelan-Magi, Inc. Number, street, and room or suite no. (If a P.O. box, see instructions) P. O. Box 669 City or town, state, and ZIP code Chelan WA 98816-0000			B Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). 91-0287370 <input type="checkbox"/> Social security number (SSN)		
C	Plan name	Plan number	Plan year ending—		
			MM	DD	YYYY
1	Trout-Blue Chelan, Inc. 401(k) Savings Plan	0 0 2	12	31	2008
2					
3					

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 10 / 15 / 2009 to file Form 5500 or Form 5500-EZ.

The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until / / to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax a

b Enter the payment amount attached b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date c

3 State in detail why you need the extension

IRS
Egle-LT 54201-
0027
Mailed
7/24

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature B. J. J.

Date 7/2/09

MGA

Form 5558 (Rev. 08)

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of 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 sections 6047(a),
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with
the instructions to the Form 5500.

Official Use Only

OMB Nos. 1510-0010
1510-0069

2008

This Form is Open to
Public Inspection.

Annual Report Identification Information

For the calendar plan year 2008 or fiscal plan year beginning

and ending

- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) _____
multiple-employer plan);
- B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here ☐
- D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

Basic Plan Information — enter all requested information.

1a Name of plan TROUT-BLUE CHELAN, INC. 401(K) SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan (mo., day, yr.) 01/01/1992
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TROUT-BLUE CHELAN-MAGI, INC. P. O. BOX 669 CHELAN WA 98816-0000	2b Employer Identification Number (EIN) 91-0287370
	2c Sponsor's telephone number 509-682-2591
	2d Business code (see instructions) 424500

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 accompanying schedules, statements and
attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

Date

TODD KAMMERS

Type or print name of individual signing as plan administrator

Signature of employer/plan sponsor/DFE

Date

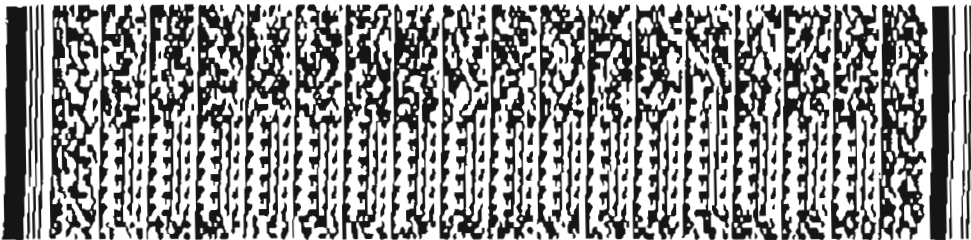
TODD KAMMERS

Type or print name of individual signing as employer, plan sponsor or DFE

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

v11.3

Form 5500 (2008)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c 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 name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	521
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	442
b Retired or separated participants receiving benefits	7b	0
c Other retired or separated participants entitled to future benefits	7c	52
d Subtotal. Add lines 7a, 7b, and 7c	7d	494
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	1
f Total. Add lines 7d and 7e	7f	495
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	209
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	16
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	0

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

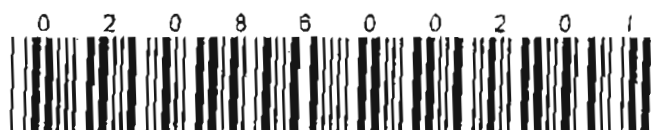
- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2G 2J 2K 3E
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor



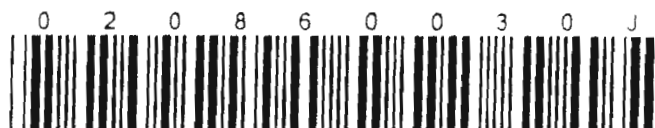
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- | | | | |
|-----|-------------------------------------|-----|--|
| (1) | <input checked="" type="checkbox"/> | R | (Retirement Plan Information) |
| (2) | <input type="checkbox"/> | B | (Actuarial Information) |
| (3) | <input type="checkbox"/> | E | (ESOP Annual Information) |
| (4) | <input type="checkbox"/> | SSA | (Separated Vested Participant Information) |

b Financial Schedules

- | | | | |
|-----|-------------------------------------|------------|---------------------------------------|
| (1) | <input checked="" type="checkbox"/> | H | (Financial Information) |
| (2) | <input type="checkbox"/> | I | (Financial Information -- Small Plan) |
| (3) | <input checked="" type="checkbox"/> | <u>1</u> A | (Insurance Information) |
| (4) | <input type="checkbox"/> | C | (Service Provider Information) |
| (5) | <input checked="" type="checkbox"/> | D | (DFE/Participating Plan Information) |
| (6) | <input type="checkbox"/> | G | (Financial Transaction Schedules) |



SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4085 of the
Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a)
of the Internal Revenue Code (the Code).

► File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to
Public Inspection.

For calendar year 2008 or fiscal plan year beginning and ending

A Name of plan

TROUT-BLUE CHELAN, INC. 401(K) SAVINGS PLAN

B Three-digit

plan number ►

002

C Plan sponsor's name as shown on line 2a of Form 5500

TROUT-BLUE CHELAN-MAGI, INC.

D Employer Identification Number

91-0287370

Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified
in the instructions.

1 \$

0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during
the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of
benefits). 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during
the plan year.

3

Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue
Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A
If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this
plan year, see Instructions, and enter the date of the ruling letter granting the waiver. Month Day Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year.

6a \$

6b Enter the amount contributed by the employer to the plan for this plan year.

6b \$

6c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left
of a negative amount).

6c \$

If you completed line 6c, skip lines 7 and 8 and complete line 9.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic
approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A

Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that
increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the
"No" box. (See Instructions.)

☐ Increase

☐ Decrease

☐ No

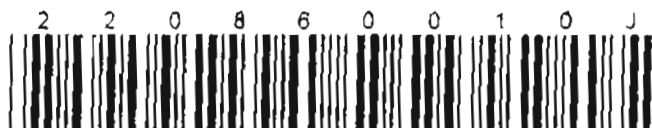
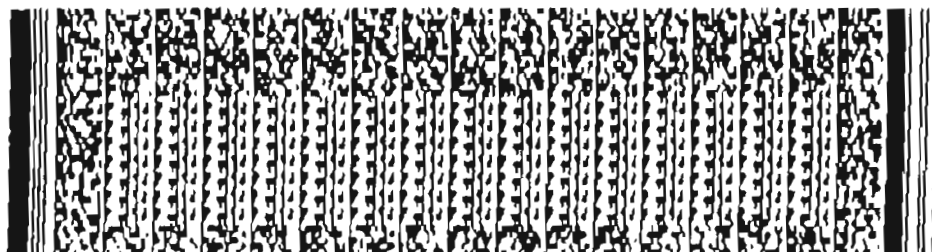
Coverage (See Instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☒ ratio percentage test ☐ average benefit test

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

v11.3

Schedule R (Form 5500) 2008



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**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to
Public Inspection.

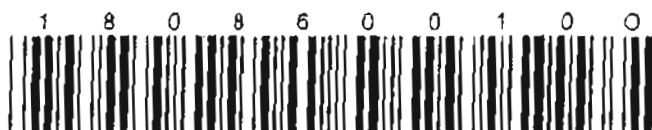
For calendar year 2008 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number		
TROUT-BLUE CHELAN, INC. 401(K) SAVINGS PLAN	002		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number		
TROUT-BLUE CHELAN-MAGI, INC.	91-0287370		

Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	a	40087	11148
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)	96473	161546
(2) Participant contributions	b(2)	161	65
(3) Other	b(3)	16	16
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	c(1)		
(2) U.S. Government securities	c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)		
(B) All other	c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)		
(B) Common	c(4)(B)		
(5) Partnership/joint venture interests	c(5)		
(6) Real estate (other than employer real property)	c(6)		
(7) Loans (other than to participants)	c(7)		
(8) Participant loans	c(8)	99922	136373
(9) Value of interest in common/collective trusts	c(9)		
(10) Value of interest in pooled separate accounts	c(10)	4171791	3061028
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)		
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
(15) Other	c(15)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule H (Form 5500) 2008



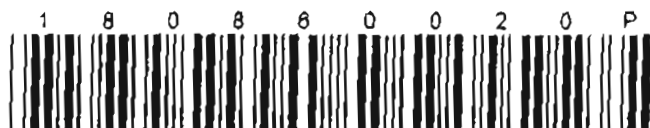
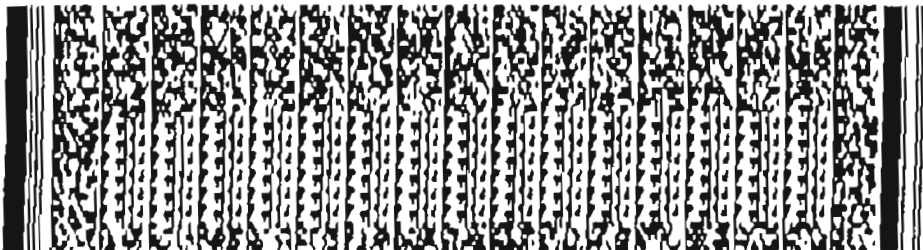
Official Use Only

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	d(1)	
(2)	Employer real property	d(2)	
e	Buildings and other property used in plan operation	e	
f	Total assets (add all amounts in lines 1a through 1e)	f	4408450 3370176
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	
i	Acquisition indebtedness	i	
j	Other liabilities	j	
k	Total liabilities (add all amounts in lines 1g through 1j)	k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	4408450 3370176

Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2s, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	a(1)(A)	168529
	(B) Participants	a(1)(B)	254032
	(C) Others (including rollovers)	a(1)(C)	99136
(2)	Noncash contributions	a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	521697
b	Earnings on Investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	
	(B) U.S. Government securities	b(1)(B)	
	(C) Corporate debt instruments	b(1)(C)	
	(D) Loans (other than to participants)	b(1)(D)	
	(E) Participant loans	b(1)(E)	8509
	(F) Other	b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	8509
(2)	Dividends: (A) Preferred stock	b(2)(A)	
	(B) Common stock	b(2)(B)	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	0
(3)	Rents	b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	0



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	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	0
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	-1188339
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
c Other income	c	
d Total income. Add all income amounts in column (b) and enter total	d	-658133
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	380141
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	380141
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	0
j Total expenses. Add all expense amounts in column (b) and enter total	j	380141
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	-1038274
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.

Complete line 3d if an opinion is not attached.

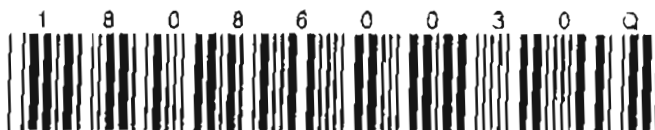
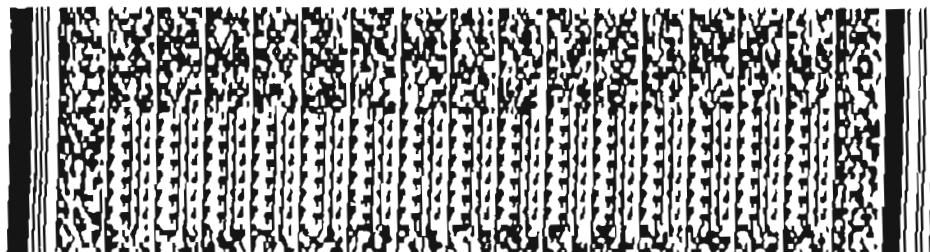
a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverseb Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) ▶ 48-1280599

LITRELL & CO.

d The opinion of an independent qualified public accountant is not attached because:

(1) ☐ this form is filed for a CCT, PSA or MTIA. (2) ☐ it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

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Official Use Only

Part IV Transactions During Plan Year

- 4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

	Yes	No	Amount
a Did the employer fail 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	

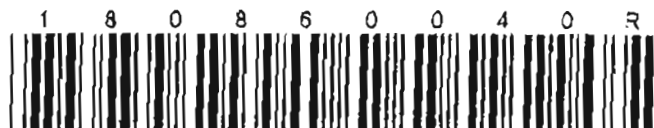
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount

5b 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).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)



Financial Information

Schedule H; Part IV; Line 4(i)

Schedule of Assets Held for Investment Purposes At End of Year 12/31/08

Trout-Blue Chelan, Inc. 401(k) Savings Plan

91-0287370

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost "	(e) Current Value
	John HancockLife Insurance Company (U.S.A.)	JH Lifestyle Aggressive		85885.51 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Lifestyle Growth		245260.22 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Lifestyle Balanced		529901.52 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Lifestyle Moderate		288794.44 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Lifestyle Conservative		938247.76 ✓
	John HancockLife Insurance Company (U.S.A.)	3 Year Comp		10006.5 ✓
	John HancockLife Insurance Company (U.S.A.)	5 Year Comp		1062.16 ✓
	John HancockLife Insurance Company (U.S.A.)	10 Year Comp		55238.67 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Allianz RCM Tech Fund		43612.4 ✓
	John HancockLife Insurance Company (U.S.A.)	JH T. Rowe Price Sci & Tech		4991.48 ✓
	John HancockLife Insurance Company (U.S.A.)	JH T. Rowe Price Health Sci		34086.19 ✓
	John HancockLife Insurance Company (U.S.A.)	JH AIM Small Cap Growth		288.86 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Explorer		356.76 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Franklin Small-Mid Growth		7549.83 ✓
	John HancockLife Insurance Company (U.S.A.)	American Century Vista		339.65 ✓
	John HancockLife Insurance Company (U.S.A.)	Mutual Beacon		11731.48 ✓
	John HancockLife Insurance Company (U.S.A.)	Mid Cap Stock Fund		2580.61 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Energy		135562 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Davis Financial		6233.45 ✓
	John HancockLife Insurance Company (U.S.A.)	Intl Equity Index Fund		245.4 ✓
	John HancockLife Insurance Company (U.S.A.)	International Value Fund		15370.06 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Oppenheimer Global		30857.76 ✓
	John HancockLife Insurance Company (U.S.A.)	Mid Cap Index Fund		1367.57 ✓
	John HancockLife Insurance Company (U.S.A.)	JH American Funds Growth Fund		7715.17 ✓
	John HancockLife Insurance Company (U.S.A.)	Total Stock Market Index Fund		8900.55 ✓
	John HancockLife Insurance Company (U.S.A.)	JH T. Rowe Price Blue Chip		8816.54 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Domini Social Equity		949.49 ✓
	John HancockLife Insurance Company (U.S.A.)	JH John Hancock Classic Value		495.39 ✓
	John HancockLife Insurance Company (U.S.A.)	JH DWS RREEF Real Estate		16657.65 ✓
	John HancockLife Insurance Company (U.S.A.)	JH T. Rowe Price Smi Cap Val		22002.76 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Lord Abbett Mid Cap Value		15020.59 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Mutual Discovery		24481.86 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Franklin Balance Sheet		17272.22 ✓
	John HancockLife Insurance Company (U.S.A.)	500 Index Fund		2610.42 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Davis New York Venture		32646.12 ✓

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost "	(e) Current Value
	John HancockLife Insurance Company (U.S.A.)	JH American Funds Wash Mutual		4942.55 ✓
	John HancockLife Insurance Company (U.S.A.)	JH PIMCO Total Return		23734.01 ✓
	John HancockLife Insurance Company (U.S.A.)	JH PIMCO Real Return		5975.68 ✓
	John HancockLife Insurance Company (U.S.A.)	JH Short-Term Federal		95784.33 ✓
	John HancockLife Insurance Company (U.S.A.)	Money Market Fund		323452.35 ✓
Total				3,061,027.96

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**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning and ending

A Name of plan TROUT-BLUE CHELAN, INC. 401(K) SAVINGS PLAN	B Three-digit plan number ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 TROUT-BLUE CHELAN-MAGI, INC.	D Employer Identification Number 91-0287370

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE CO.

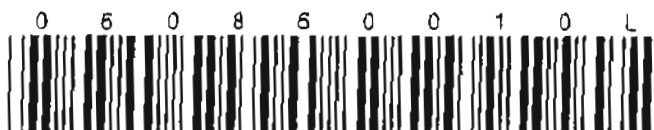
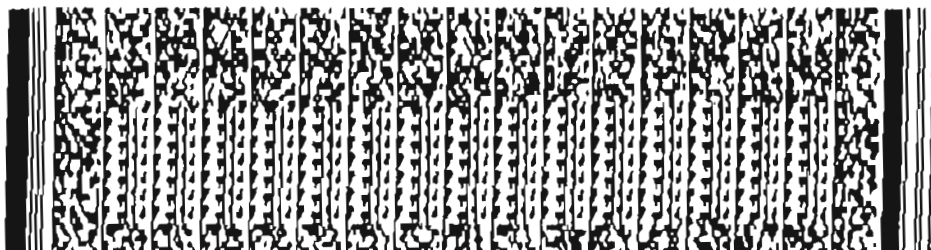
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	15641	198	01/01/2008	12/31/2008

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
14020	2025

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

MIKE FURRER, WOODBURY FINANCIAL
1206 N. LINCOLN, SUITE 200
SPOKANE WA 99201

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
11923			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

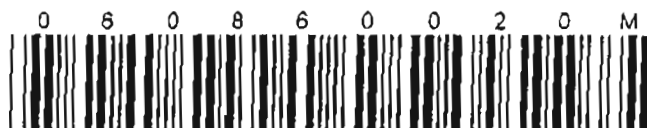
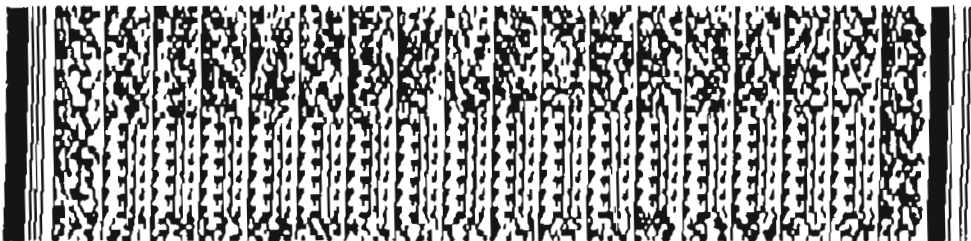
AMERIBEN SOLUTIONS
P O. BOX 7186
BOISE ID 83707

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
2097	2025	TPA COMPENSATION	5

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

Because Ameriben provides a lot of business for other insurance, JH pays them a fee



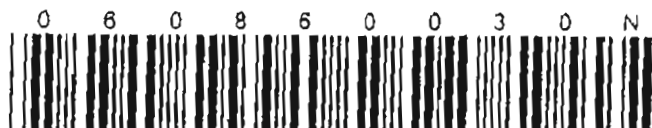
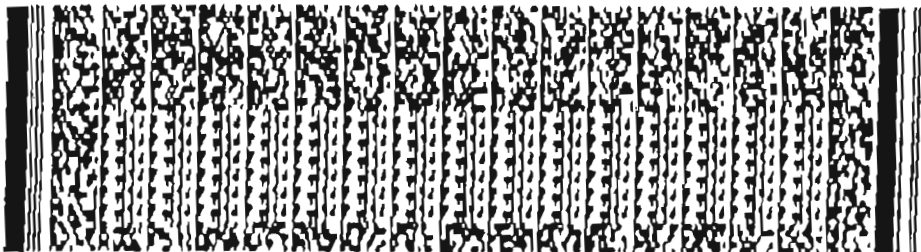
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Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	66307
4	Current value of plan's interest under this contract in separate accounts at year end	2994721
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	
	Specify nature of costs ▶	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here <input type="checkbox"/>	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶	
b	Balance at the end of the previous year	38880
c	Additions: (1) Contributions deposited during the year	2017
	(2) Dividends and credits	
	(3) Interest credited during the year	1994
	(4) Transferred from separate account	53752
	(5) Other (specify below)	
	(6) Total additions	57763
d	Total of balance and additions (add b and c(6))	96643
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	30095
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	240
	▶ CONTRACT ADMINISTRATION FEES	
	(5) Total deductions	30335
f	Balance at the end of the current year (subtract e(5) from d)	66308



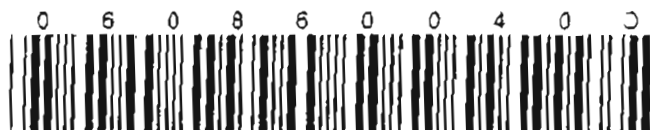
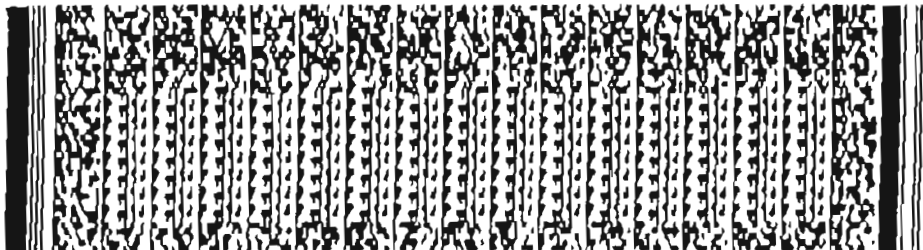
Part VII Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)			
a <input type="checkbox"/> Health (other than dental or vision)	b <input type="checkbox"/> Dental	c <input type="checkbox"/> Vision	d <input type="checkbox"/> Life Insurance
e <input type="checkbox"/> Temporary disability (accident and sickness)	f <input type="checkbox"/> Long-term disability	g <input type="checkbox"/> Supplemental unemployment	h <input type="checkbox"/> Prescription drug
i <input type="checkbox"/> Stop loss (large deductible)	j <input type="checkbox"/> HMO contract	k <input type="checkbox"/> PPO contract	l <input type="checkbox"/> Indemnity contract
m <input type="checkbox"/> Other (specify) ▶			

8 Experience-rated contracts	
a Premiums: (1) Amount received	
(2) Increase (decrease) in amount due but unpaid	
(3) Increase (decrease) in unearned premium reserve	
(4) Earned ((1) + (2) - (3))	
b Benefit charges: (1) Claims paid	
(2) Increase (decrease) in claim reserves	
(3) Incurred claims (add (1) and (2))	
(4) Claims charged	
c Remainder of premium: (1) Retention charges (on an accrual basis) --	
(A) Commissions	
(B) Administrative service or other fees	
(C) Other specific acquisition costs	
(D) Other expenses	
(E) Taxes	
(F) Charges for risks or other contingencies	
(G) Other retention charges	
(H) Total retention	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
(2) Claim reserves	
(3) Other reserves	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	

9 Nonexperience-rated contracts:	
a Total premiums or subscription charges paid to carrier	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
Specify nature of costs ▶	



SCHEDULE D
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

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OMB No. 1210-0110

2008

This Form is Open to
Public Inspection.

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For calendar plan year 2008 or fiscal plan year beginning

and ending

A Name of plan or DFE

TROUT-BLUE CHELAN, INC. 401(K) SAVINGS PLAN

B Three-digit

plan number ►

002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500

TROUT-BLUE CHELAN-MAGI, INC.

D Employer Identification Number

91-0287370

Information on Interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12 IE 500 INDEX FUND

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 2610

(a) Name of MTIA, CCT, PSA, or 103-12 IE AIM SMALL CAP GROWTH

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 289

(a) Name of MTIA, CCT, PSA, or 103-12 IE ALLIANZ RCM TECH FUND

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 43612

(a) Name of MTIA, CCT, PSA, or 103-12 IE AMERICAN CENTURY VISTA

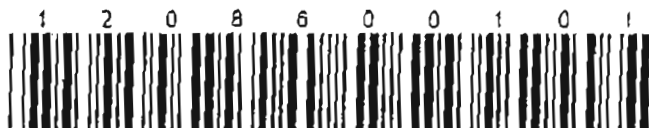
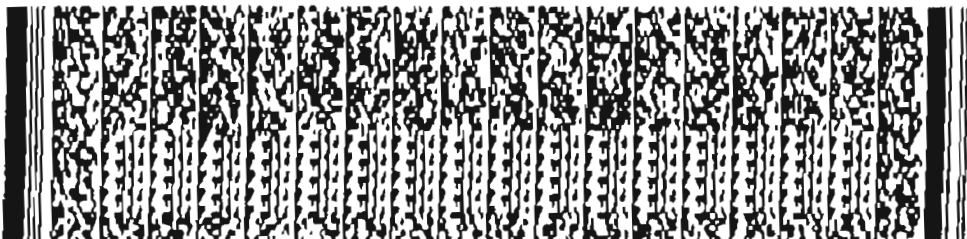
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 340

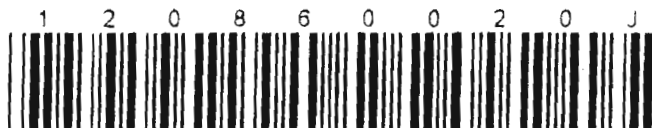
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v11.3

Schedule D (Form 5500) 2008



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(a) Name of MTIA, CCT, PSA, or 103-12 IE DAVIS FINANCIAL(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 6233(a) Name of MTIA, CCT, PSA, or 103-12 IE DAVIS NEW YORK VENTURE(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 32646(a) Name of MTIA, CCT, PSA, or 103-12 IE DOMINI SOCIAL EQUITY(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 949(a) Name of MTIA, CCT, PSA, or 103-12 IE DWS RREEF REAL ESTATE(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 16658(a) Name of MTIA, CCT, PSA, or 103-12 IE ENERGY(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 135562(a) Name of MTIA, CCT, PSA, or 103-12 IE EXPLORER(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 357

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(a) Name of MTIA, CCT, PSA, or 103-12 IE FRANKLIN BALANCE SHEET

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 17272

(a) Name of MTIA, CCT, PSA, or 103-12 IE FRANKLIN SMALL-MID GROWTH

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 7550

(a) Name of MTIA, CCT, PSA, or 103-12 IE INTERNATIONAL VALUE FUND

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 15370

(a) Name of MTIA, CCT, PSA, or 103-12 IE INTL EQUITY INDEX FUND

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 245

(a) Name of MTIA, CCT, PSA, or 103-12 IE JOHN HANCOCK CLASSIC VALUE

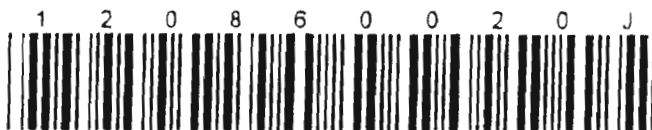
(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 495

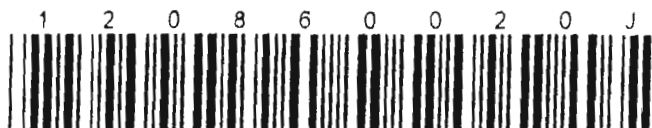
(a) Name of MTIA, CCT, PSA, or 103-12 IE JPM MIDCAP VALUE FUND

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

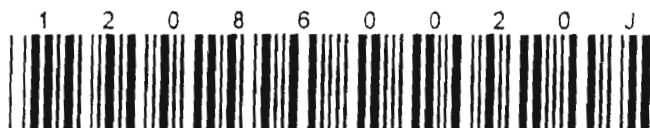
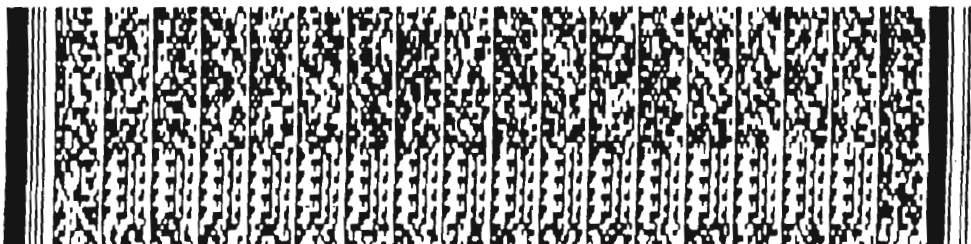
(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 15021



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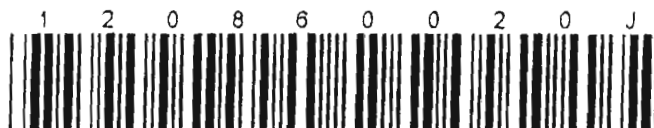
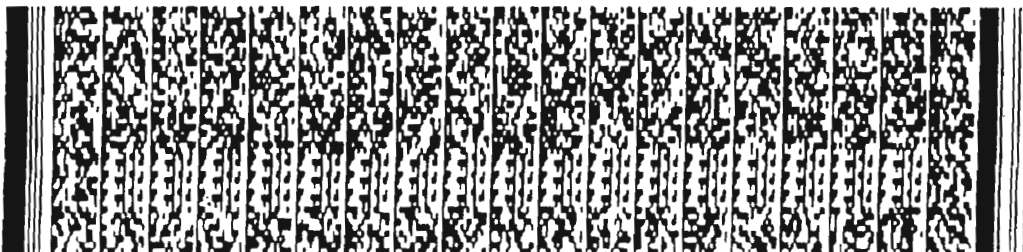
(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE AGGRESSIVE(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 85886(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE BALANCED(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 529902(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE CONSERVATIVE(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 938248(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE GROWTH(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 245260(a) Name of MTIA, CCT, PSA, or 103-12 IE LIFESTYLE MODERATE(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 288794(a) Name of MTIA, CCT, PSA, or 103-12 IE MID CAP INDEX FUND(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 1368

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(a) Name of MTIA, CCT, PSA, or 103-12 IE MID CAP STOCK FUND(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 2581(a) Name of MTIA, CCT, PSA, or 103-12 IE MONEY MARKET FUND(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 323452(a) Name of MTIA, CCT, PSA, or 103-12 IE MUTUAL BEACON(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 11731(a) Name of MTIA, CCT, PSA, or 103-12 IE MUTUAL DISCOVERY(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 24482(a) Name of MTIA, CCT, PSA, or 103-12 IE OPPENHEIMER GLOBAL(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 30858(a) Name of MTIA, CCT, PSA, or 103-12 IE PIMCO REAL RETURN(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 5976

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Official Use Only

(a) Name of MTIA, CCT, PSA, or 103-12 IE PIMCO TOTAL RETURN(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 23734(a) Name of MTIA, CCT, PSA, or 103-12 IE SHORT-TERM FEDERAL(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 95784(a) Name of MTIA, CCT, PSA, or 103-12 IE T. ROWE PRICE BLUE CHIP(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 8817(a) Name of MTIA, CCT, PSA, or 103-12 IE T. ROWE PRICE HEALTH SCI(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 34086(a) Name of MTIA, CCT, PSA, or 103-12 IE T. ROWE PRICE SCI & TECH(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 4991(a) Name of MTIA, CCT, PSA, or 103-12 IE T. ROWE PRICE SML CAP VAL(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA,
or 103-12 IE at end of year (see instructions) 22003

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(a) Name of MTIA, CCT, PSA, or 103-12 IE THE GROWTH FUND OF AMERICA

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7715

(a) Name of MTIA, CCT, PSA, or 103-12 IE TOTAL STOCK MARKET INDEX FUND

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8901

(a) Name of MTIA, CCT, PSA, or 103-12 IE WASHINGTON MUTUAL INVESTORS

(b) Name of sponsor of entity listed in (a) JOHN HANCOCK USA

(c) EIN-PN 01-0233346-000 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4943

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

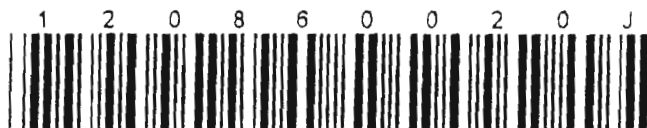
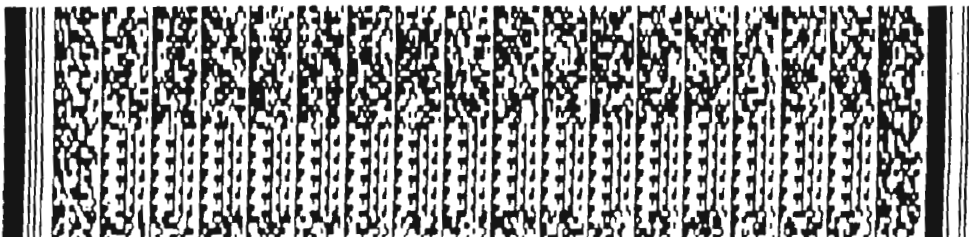
(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12 IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) _____



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Official Use Only

Information on Participating Plans (to be completed by DFEs)

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

