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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α.	his return/report is for:	one-participant plan							
В	his return/report is for:		_						
		nths)							
C	Check box if filing under:		DFVC program						
			_						
Pa	rt II Basic Plan Inforr	mation—enter all requested inform	ation						
	Name of plan	Tidelett onto an requested inform	idilon		1b	Three-digit			
	THVISION INTERNATIONAL,	INC. 403(B) PLAN				plan number 001			
						(PN) •			
					1c	Effective date of plan			
	DI				26	01/01/2005			
	Plan sponsor's name and addr THVISION INTERNATIONAL,	ess (employer, if for single-employer	· plan)		2D	Employer Identification Number (EIN) 91-1708912			
	,				2c	Plan sponsor's telephone number			
	N. 30TH ST., SUITE 201 DMA, WA 98403					253-779-5858			
TAC	7WA, WA 30403				2d	Business code (see instructions) 621111			
32	Plan administrator's name and	address (if same as Plan sponsor, e	ntor "Same	5"\	3h	Administrator's EIN			
HEAI	THVISION INTERNATIONAL,	INC. 2200 N. 30T	H ST., SUI	TE 201	35	91-1708912			
		TACOMA, W	/A 98403		3с	Administrator's telephone number			
						253-779-5858			
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	ano, Env, and the plan nambe	or morn the last retain, report. Opened	or o marrie		4c PN				
5a	Total number of participants at	5a	5						
b	Total number of participants at	5b	5						
С	Total number of participants w	ith account balances as of the end o	f the plan y	rear (defined benefit plans do not		_			
	complete this item)				5c	5			
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
b				ndent qualified public accountant (IQ		X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		. 7a	337082	2	400567			
b	Total plan liabilities								
С	•	7b from line 7a)		337082	2	400567			
8	Income, Expenses, and Trans			(a) Amount	(b) Total				
а	Contributions received or rece			(3) 1 1111 2 1111		(a) result			
	(1) Employers		. 8a(1)						
	(2) Participants	Participants							
	(3) Others (including rollovers								
b	Other income (loss)		. 8b	17010)				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			63485			
d		rollovers and insurance premiums	. 8d						
е		tive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	8f						
g	Other expenses	,	8g						
h	•	8e, 8f, and 8g)							
i		e 8h from line 8c)				63485			
i		ee instructions)							

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3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2M 2D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
ırt	V Compliance Questions						
)	During the plan year:		Yes	No	Amount		
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)	10a	X		38	8860	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X		25	800	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X			
rt	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				·	No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	02 of E	RISA? Yes	No	
а	(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 instruction of the waiver. Mont			nter the Dav			

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? 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.)

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.....

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

negative amount)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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

12b

12c

12d

Yes

No

N/A

Yes X 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.	08/19/2011	KENNETH L. BAKKEN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual For calendar plan year A This return/report is	Report Ide		autioc mini	the instructions to the Form 550					
For calendar plan year	, topoit iat	entification Information							
A This return/report is				and ending					
A This return/report is	for:	single-employer plan	multiple-er	mployer plan (not multiemployer)		one-participa	nt plan		
B This return/report is for: first return/report final return/report									
an amended return/report short plan year return/report (less than 12 mg									
C Check box if filing under:						DFVC progra	am		
Crieck box it tiling t	ilder.								
Port II Posis E	lon Inform	special extension (enter description ation—enter all requested information)	····						
Part II Basic F 1a Name of plan	ian imom	lation—enter all requested inform	alion		1b	Three-digit	<u> </u>		
HEALTHVISION INTER	NIATIONIAL I	NC 403(R) PLAN				plan number			
I ILALITIVISION INTLI	10-11 CHARLE	110. 400(D) 1 D II 1				(PN) ▶	001		
					1c	Effective date o	•		
		ess (employer, if for single-employer	plan)		2b	2b Employer Identification Nu			
HEALTHVISION INTER	NATIONAL, I	NC.			20	(LIIV)			
2200 N. 30TH ST., SUI	TE 201				20	253-77	telephone number '9-5858		
TACOMA WA 98403					2d	Business code	(see instructions)		
3a Plan administrator	's name and :	address (if same as Plan sponsor, e	nter "Same	")	3b	Administrator's			
SAME	3 name and e	addiess (ii saine de l'idii epenesi, e				91-170	08912 		
					3C		telephone number '9-5858		
		n sponsor has changed since the la		port filed for this plan, enter the	4b				
name, EIN, and the	plan number	r from the last return/report. Sponso	ors name		4c	PN			
5a Total number of p	articipants at	the beginning of the plan year			5a		5		
b Total number of p	5b								
C Total number of p	•	<u> </u>							
					5c		5		
		uring the plan year invested in eligib					X Yes No		
b Are you claiming	a waiver of the	e annual examination and report of	an indepen	dent qualified public accountant (IC	PA)		X Yes No		
		See instructions on waiver eligibility er 6a or 6b, the plan cannot use F							
	ial Informa		01111 0000	or and machinetons are removed	DUU.				
7 Plan Assets and I	***	国际 2-1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
				(a) Beginning of Year	00.	(b) End	d of Year		
a Total plan assets			. 7a	(a) Beginning of Year 33708		(b) Enc	d of Year 400567		
•			7a			(b) End			
b Total plan liabilitie	es		7b		2	(b) Enc			
b Total plan liabilitie c Net plan assets (essubtract line 7	'b from line 7a)	7b	33708	2		400567		
 b Total plan liabilitie c Net plan assets (s 8 Income, Expense a Contributions rec 	essubtract line 7 es, and Transfe	'b from line 7a)ers for this Plan Year vable from:	7b 7c	33708	2		400567 400567		
b Total plan liabilitie c Net plan assets (some, Expense a Contributions rec (1) Employers	essubtract line 7 es, and Transfe eived or recei	'b from line 7a)ers for this Plan Year vable from:	7b 7c 8a(1)	33708 33708 (a) Amount	2		400567 400567		
b Total plan liabilitie c Net plan assets (: lincome, Expense a Contributions rec (1) Employers (2) Participants	essubtract line 7 es, and Transfe eived or recei	'b from line 7a)ers for this Plan Year vable from:	7b 7c 8a(1) 8a(2)	33708	2		400567 400567		
b Total plan liabilitie c Net plan assets (some, Expense a Contributions rec (1) Employers (2) Participants (3) Others (include	essubtract line 7 es, and Transfeived or recei	'b from line 7a)ers for this Plan Year vable from:	7b 7c 8a(1) 8a(2) 8a(3)	33708 33708 (a) Amount 4647	2 2 5		400567 400567		
b Total plan liabilitie c Net plan assets (some, Expense a Contributions rec (1) Employers (2) Participants (3) Others (included) b Other income (loss	essubtract line 7 es, and Transfeeived or recei	'b from line 7a)ers for this Plan Year vable from:	7b 7c 8a(1) 8a(2) 8a(3) 8b	33708 33708 (a) Amount	2 2 5		400567 400567 Total		
b Total plan liabilitie c Net plan assets (: lincome, Expense a Contributions rec (1) Employers (2) Participants (3) Others (include b Other income (location)	essubtract line 7 es, and Transfelived or received or received or received in grollovers) ess)	r'b from line 7a)ers for this Plan Year vable from:	7b 7c 8a(1) 8a(2) 8a(3) 8b	33708 33708 (a) Amount 4647	2 2 5		400567 400567		
b Total plan liabilitie c Net plan assets (: lincome, Expense a Contributions rec (1) Employers (2) Participants (3) Others (include b Other income (location) c Total income (add d Benefits paid (inc	essubtract line 7 es, and Transfelived or received or received or received or received in grollovers) ess)d lines 8a(1), 8	'b from line 7a)ers for this Plan Year vable from:	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	33708 33708 (a) Amount 4647	2 2 5		400567 400567 Total		
b Total plan liabilitie c Net plan assets (: lincome, Expense a Contributions rec (1) Employers (2) Participants (3) Others (include) b Other income (lost c Total income (additional provide benefit	essubtract line 7 es, and Transfeeived or received or received or received or received in grollovers) ess)	ers for this Plan Year vable from: 8a(2), 8a(3), and 8b) rollovers and insurance premiums	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	33708 33708 (a) Amount 4647	2 2 5		400567 400567 Total		
b Total plan liabilitie c Net plan assets (: 8 Income, Expense a Contributions rec (1) Employers (2) Participants (3) Others (included) b Other income (lost of the provided benefit of the provided benefit of the composition of the compo	eses.subtract line 7 es, and Transfeeived or received or received or received or received lines 8a(1), and lines 8a(1), and/or correct	rb from line 7a)ers for this Plan Year vable from: 8a(2), 8a(3), and 8b)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	33708 33708 (a) Amount 4647	2 2 5		400567 400567 Total		
b Total plan liabilitie c Net plan assets (: 8 Income, Expense a Contributions rec (1) Employers (2) Participants (3) Others (included) b Other income (lost) c Total income (additional provide benefit e Certain deemed and Administrative see	es	b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	33708 33708 (a) Amount 4647	2 2 5		400567 400567 Total		
b Total plan liabilitie c Net plan assets (: 8 Income, Expense a Contributions rec (1) Employers (2) Participants (3) Others (included) b Other income (lost of the provided benefit of the provi	es	Pb from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8e 8f	33708 33708 (a) Amount 4647	2 2 5		400567 400567 Total		
b Total plan liabilitie c Net plan assets (: 8 Income, Expense a Contributions rec (1) Employers (2) Participants (3) Others (included) b Other income (losed) c Total income (addid Benefits paid (incomprovide benefit) e Certain deemed at Administrative seed other expenses b Total expenses (:	eses. subtract line 7 es, and Transfeeived or received or received or received or received lines 8a(1), and lines 8a(1), and/or correctervice provider	b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8e 8f 8g	33708 33708 (a) Amount 4647	2 2 5		400567 400567 Total		

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Part IV Plan Characteristics									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2M 2D								
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:				<u> </u>	Amo	ount		
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)							38860	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	Х					25800	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
е							-		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
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))								
12	Voc V No								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	T				
g	Enter the minimum required contribution for this plan year		- 1	12c					
c d	Enter the amount contributed by the employer to the plan for this plan year	of a		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	\Box	No	N/A	
Pari									
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	
104	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b		under	the c				Yes	X No	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	an(s) to	0				<u>_</u>	
	13c(1) Name of plan(s):		13	3c(2) E	IN(s)	\dashv	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	Kenneth & Baphen	8-18-11	KENNETH L. BAKKEN
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