Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

		Identification Information					
For	calendar plan year 2010 or f	l∆1	2010	and ending	12/31/2	2010 —	
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant	plan
В	This return/report is for:	first return/report	final retur	n/report			
		an amended return/report	short plar	year return/report (less than 12 m	onths)		
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program	1
		special extension (enter descr	ption)				
Pa	rt II Basic Plan Info	ormation—enter all requested info	rmation				
	Name of plan				1b	Three-digit	
ENV	SION RESPONSE RETIREI	MENT PLAN				plan number (PN)	001
					_	Effective date of p	nlan
					'	01/01/20	
		ddress (employer, if for single-emplo	yer plan)		2b	Employer Identific	
ENV	SION RESPONSE, INC.					(EIN) 74-30869	
	N. NORTHLAKE WAY, SUI	TE 100			2C	Plan sponsor's tel 206-850-	ephone number 6339
SEA.	TTLE, WA 98103				2d	Business code (se	ee instructions)
						541800	
3a ENV	Plan administrator's name a SION RESPONSE, INC.	and address (if same as Plan sponso 2151 N. N	r, enter "Same IORTHLAKE	e") WAY. SUITE 100	3b	Administrator's EI 74-30869	
		SEATTLE	, WA 98103	,	3c	Administrator's te	
						206-850-	6339
		plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN	
	name, Ein, and the pian nun	nber from the last return/report. Spo	nsor's name		4c	PN	
5a	Total number of participants	s at the beginning of the plan year			_	T	8
b	Total number of participants	s at the end of the plan year			-		7
С	Total number of participants	s with account balances as of the en	d of the plan y	ear (defined benefit plans do not	-		
	complete this item)				. 5c		7
_	•	ts during the plan year invested in el	ŭ	` '			Yes No
b		of the annual examination and report 6? (See instructions on waiver eligibi					X Yes ☐ No
		either 6a or 6b, the plan cannot us	•	•			
Pa	rt III Financial Infor	mation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	f Year
а	Total plan assets		7a	1134.	22		111038
b	Total plan liabilities		7b				
C	Net plan assets (subtract lin	ne 7b from line 7a)	7с	1134.	22		111038
8	Income, Expenses, and Tra	ansfers for this Plan Year		(a) Amount		(b) To	tal
а	Contributions received or re	eceivable from:	8a(1)				
			· · ·				
	` '	ers)	` '				
b	, ,			76	00		
C	, ,	1), 8a(2), 8a(3), and 8b)					7600
d		ect rollovers and insurance premium		000	20		
	to provide benefits)	·	8d	82			
_	Certain deemed and/or corr			17	I X		
е		rective distributions (see instructions	·	17			
f		rective distributions (see instructions iders (salaries, fees, commissions)	·	17			
f g	Administrative service provide Other expenses	iders (salaries, fees, commissions)	8f	17			0001
f	Administrative service provide Other expenses	iders (salaries, fees, commissions)	8f	17			9984
f g	Administrative service provided the expenses (add lines & Net income (loss) (subtract	iders (salaries, fees, commissions)	8f 8g 8h 8i				9984

F	Form 5500-SF 2010	Page 2-
Part IV	Plan Characteristics	
	e plan provides pension benefits, enter the applicable pension feature codes from 2G 2J 2K 2T 3D	n the List of Plan Characteristic Codes in the instructions:
b If the	e plan provides welfare benefits, enter the applicable welfare, feature codes from	the List of Plan Characteristic Codes in the instructions:

10	During the plan year:		Yes	No		Am	ount	
	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				
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				
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		X				
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.)	10q	X					19000
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ				
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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_
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 instru			nter th				
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	nth		nter th				
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth		nter th Day				
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	 [nter th Day				
lf y b C	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	 [nter th Day				
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	 [nter th Day				
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		nter th Day 12b 12c 12d		Yea		
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		nter th Day 12b 12c 12d		Yea	ar	
b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		12b 12c 12d		Yea	ar	
b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		12b 12c 12d		Yea	No [N/A
b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	the co	12b 12c 12d 		Yea	No Yes	N/A
b c d e e e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	the co	12b 12c 12d 		Yea	No Yes	N/A No
b c d e Part 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	the co	12b 12c 12d 	Yes	Yea	No Yes	N/A No
b c d e Part 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	the co	12b 12c 12d 	Yes	Yea	No Yes	N/A No
b c d e Part 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	the co	12b 12c 12d 	Yes	Yea	No Yes	N/A No
b c d e Part 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a under	the co	12b 12c 12d 13a 	Yes V(s)	Yea	No Yes	N/A No

SIGN	Filed with authorized/valid electronic signature.	09/06/2011	SEAN K. FAY
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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

		dentification information		and andine		
	calendar plan year 2010 or fisc			and ending	(1)	
	ma return report is for.	⊠ single-employer plan		mployer plan (not multiemployer)	22	one-participant plan
В.	This return/report is for:	first return/report	final return	n/report		
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC program
		special extension (enter descrip	otion)			
Pa	rt II Basic Plan Infor	mation—enter all requested info	rmation			
1a	Name of plan		31:00		1b	Three-digit
ENV	SION RESPONSE RETIREME	ENT PLAN				plan number 001
					10	(FIV)
					16	Effective date of plan 01/01/2005
2a	Plan sponsor's name and add	ress (employer, if for single-employ	er plan)		2b	Employer Identification Number
ENV	SION RESPONSE, INC.		1,577,			(EIN) 74-3086963
0454	N NODTH AVE MAY CHIT	100			2c	Plan sponsor's telephone number 206-850-6339
	N. NORTHLAKE WAY, SUITE FTLE WA 98103	: 100		5	2d	Business code (see instructions)
						541800
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")						Administrator's EIN
SAM	5				20	74-3086963
					30	Administrator's telephone number 206-850-6339
		lan sponsor has changed since the		port filed for this plan, enter the	4b	EIN
į	name, EIN, and the plan numb	er from the last return/report. Spor	nsor's name		4-	DV
52	Total number of participants a	at the heginning of the plan year			4c	
					5a	8 7
					5b	
С		with account balances as of the end			5c	7
6a		in the second	The state of the s	(See instructions.)		X Yes ∏ No
	Are you claiming a waiver of t	the annual examination and report	of an indeper	ident qualified public accountant (IQI	PA)	
				ons.)		Yes No
Pa	rt III Financial Inform		Form 5500-	SF and must instead use Form 55	υυ.	
7	Plan Assets and Liabilities	idioii		(a) Beginning of Year	T	(b) End of Year
a			7a	(a) Degining of Year 113422	-	111038
b	A SOCIAL TO THE AND THE SECOND STATE OF THE SECOND		11/2/2007	THE STATE OF THE S	-	
	7.5	7b from line 7a)		113422	1	111038
8	Income, Expenses, and Trans	Office Fig. Sentiment (1984) (1984)	70	(a) Amount	+	(b) Total
а	Contributions received or received		- Sinte control of	(a) Amount	1000	(u) Total
			8a(1)			
	(2) Participants		8a(2)	5 27 30		
	(3) Others (including rollover	s)	8a(3)			
b	Other income (loss)		8b	7600)	
С		, 8a(2), 8a(3), and 8b)	VII.2			7600
d		t rollovers and insurance premiums		8266	,	consecutions Folder 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2
	AND A DOCUMENT OF STATE OF STA			1718		
e e		ctive distributions (see instructions		1718	<u>`</u>	
f	In Fill and the Control of the Contr	ers (salaries, fees, commissions)	1000000	. 202. 03.000		
g	0.	A 00 - 10 i			-	2021
h		, 8e, 8f, and 8g)	100000000000000000000000000000000000000			9984
!	- 1944 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 197	ne 8h from line 8c)			-	-2384
J	ransters to (from) the plan (see instructions)	····· 8j			

Page	2-	11

Form	FFOO	CE	201	n
FOIIII	ออนบ	-ог	201	v

	 100 • 000000000000000000000000000000000	A Contract of the Contract of	Arren Berner
Uar I	 Dian	Character	201120

9a 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 2T 3D

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

Part	V Compliance Questions							- 41
10	During the plan year:	7.5.00			Yes	No		Amount
-27	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	m)	10a		х		
b	Were there any nonexempl transactions with any party-in-interest? (Do on line 10a.)			10b		х		
C	Was the plan covered by a fidelity bond?		•••••	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	benefits under the	plan? (See	10e		х		TH
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 y	rear end.)	******	10g	Х			19000
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	e of the	10i				
Part	VI Pension Funding Compliance					1 10 10 10		
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	? (If "Yes," see inst	ructions and com	plete	Sched	lule SB	(Form	Yes No
12	Is this a defined contribution plan subject to the minimum funding requi							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.							
а	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.	norlized in this plan	year, see instruc	ctions.	, and e	enter th	e date of th	e letter ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Day .		Tear
b	Enter the minimum required contribution for this plan year	********************************		******	[12b		
C	Enter the amount contributed by the employer to the plan for this plan y	/ear			[12c		7//000
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)				[12d		
	Will the minimum funding amount reported on line 12d be met by the fu	ınding deadline?					Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo					13a		
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?		·····	******				Yes X No
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify t	he pla	n(s) to		4) 40 - F-21	
1	3c(1) Name of plan(s):		manus III i		13	c(2) El	N(s)	13c(3) PN(s)
-	The substitute of the substitu		180 : 05-181 - 015-100					
Caut	on: A penalty for the late or incomplete filing of this return/report v	will be assessed t	ınless reasonab	le car	use is	establ	ished.	
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct, and complete.	eclare that I have	examined this ret	urn/re	port. ir	ncludin	a, if applicat	ole, a Schedule nowledge and
SIGI	X XX	8/31/11	SEAN K, FAY		1) 100001	S		***************************************
HER	7.37/	Date	Enter name of i	ndivid	ual sin	nino as	plan admir	nistrator
SIGI						-		0.000
HER		Date	Enter name of i	ndivid	ual sig	ning as	employer	or plan sponsor