Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan							OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed u		nd 4065 of the Employee	Э	2012			
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	(a) of		s Open to Public				
Pension Be	nefit Guaranty Corporation	ctions to the Form 5500)-SF.	Ins	pection				
Part I	Annual Report Id ar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/2013		and ending 0	4/00/	2010			
	013								
	urn/report is for:	a single-employer plan a the first return/report X th	an (not multiemployer)		a one-particip	oant plan			
B This ret	urn/report is:								
_		f H							
C Check b	box if filing under:	╡ └┘	utomatic extension			DFVC progra	IM		
		special extension (enter description)							
Part II		nation—enter all requested informati	on		16	Thus a disit			
1a Name		P INC 401K PROFIT SHARING PLAN			1D	Three-digit plan number			
						(PN) ▶	001		
					1c	Effective date of			
					01	01/01/			
	DONSOL'S NAME and addred	ess; include room or suite number (em P INC	ployer, if for a single-	employer plan)	2b	1	fication Number 92542		
200 GALLO					2c	Sponsor's telep 509-966			
	A 98908-0000				2d	Business code (55111			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
						Administrator 3	elephone number		
		lan sponsor has changed since the las per from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN			
a Sponso					4c PN				
		the beginning of the plan year			5a 1				
	• •	the end of the plan year			5b	<u>5b</u>			
		count balances as of the end of the pla			5c		0		
		luring the plan year invested in eligible					X Yes No		
b Are yo	ou claiming a waiver of th	ne annual examination and report of an	independent qualifie	ed public accountant (IQF	PA)				
		See instructions on waiver eligibility an					X Yes No		
		er line 6a or line 6b, the plan cannot							
		incomplete filing of this return/repo r penalties set forth in the instructions,					able, a Schedule		
SB or Sche		signed by an enrolled actuary, as well							
SIGN Filed with authorized/valid electronic signature. 08/06/2013 DAVID SJULE									
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						ninistrator			
SIGN Filed with authorized/valid electronic signature. 08/06/2013 DAVID SJULE									
					dual signing as employer or plan sponsor				
Preparer's	name (including firm nar	ne, if applicable) and address; include	room or suite numbe	r (optional) -	Prep	arer's telephone	number (optional)		

 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 	7b					(b) End of Year		
 b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 	7b	9874						
 c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 			98745			0		
8 Income, Expenses, and Transfers for this Plan Yeara Contributions received or receivable from:	70	0			0			
a Contributions received or receivable from:		98745			0			
		(a) Amount				(b) Total		
(1) Employers								
				_				
(2) Participants								
(3) Others (including rollovers)								
b Other income (loss)		157	3					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				_		1573		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		10031	8					
e Certain deemed and/or corrective distributions (see instructions)			-					
f Administrative service providers (salaries, fees, commissions)	,							
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)						100318		
i Net income (loss) (subtract line 8h from line 8c)						-98745		
j Transfers to (from) the plan (see instructions)						00110		
Part IV Plan Characteristics	oj							
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D 3H b If the plan provides welfare benefits, enter the applicable welfare 								
Part V Compliance Questions				X				
10 During the plan year:	de ateres estates a	and the second second second the second s		Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F			10a		X			
b Were there any nonexempt transactions with any party-in-inter on line 10a.)	rest? (Do not inc	lude transactions reported	10b		х			
C Was the plan covered by a fidelity bond?			10c	Х		30000		
d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?	n's fidelity bond,	that was caused by fraud	10d		Х	30000		
e Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or instructions.)	all of the benefits	s under the plan? (See	10e		x			
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 amour	nt as of year end	.)	10g		Х			
 h If this is an individual account plan, was there a blackout perior 2520.101-3.) 	d? (See instructi	ons and 29 CFR	10g		Х			
If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)								
11a Enter the amount from Schedule SB line 39	Enter the amount from Schedule SB line 39							
12 Is this a defined contribution plan subject to the minimum fund	ling requirements	s of section 412 of the Code	e or se	ection :	302 of I	ERISA? 🛛 Yes 🗙 No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel			-					
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						÷		
If you completed line 12a, complete lines 3, 9, and 10 of Schee	dule MB (Form	5500), and skip to line 13.						
					12b			

С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No			
С	C 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.)						
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)			
Part	t VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	ee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	This form is required to be t	. -		2012				
Depariment of Labor	Retirement Income Security Ac		is Open to Public					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		ernal Revenue Code (the			spection			
ZIN _ CONTRACT _ NAME _ C	Complete all entries in acc dentification Information	cordance with the instru-	ctions to the Form 5500	-SF.				
For calendar plan year 2012 or fisca		01/01/2013	and ending	01/	08/2013	·		
A This return/report is for:	x a single-employer plan		an (not multiemployer)		a one-particip	pant plan		
B This return/report is:	the first return/report	x the final return/report				•		
· ·	an amended return/report		n/report (less than 12 m	onths)				
C Check box if filing under:	 Form 5558	automatic extension	i x	DFVC program				
Part II Basic Plan Infor			· · · · · ·			· · · · ·		
1a Name of plan	indifer one offer an requested in	normation			nree-digit			
ENVIZAGE DEVELOPMENT	GROUP INC 401K PROFIT	SHARING PLAN			an number ²N) ►	001		
				<u> </u>	fective date o			
					1/01/2007			
2a Plan sponsor's name and addr ENVIZAGE DEVELOPMENT	ress; include room or suite number GROUP INC	r (employer, if for a single	employer plan)		mployer Identi IN) 20-22	ification Number 92542		
200 GALLOWAY DRIVE					ponsor's telep 509) 966-	hone number 8415		
US YAKIMA	WA 98908-0000			2d Business code (see instructions) 551112				
3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address					3b Administrator's EIN			
				3c Administrator's telephone number				
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b EIN				
a Sponsor's name	is non-menalities recentreport.			4c Pi	N			
	t the beginning of the plan year			5a		10		
	t the end of the plan year			5b		0		
	count balances as of the end of th			5c 0				
6a Were all of the plan's assets d						X Yes No		
b Are you claiming a waiver of th	e annual examination and report	of an independent qualifie	d public accountant (IQP	A)				
•	See instructions on waiver eligibili	· · · · · · · · · · · · · · · · · · ·				XYes No		
	er line 6a or line 6b, the plan ca							
Caution: A penalty for the late of Under penalties of perjury and other						able a Sabadula		
SB or Schedule MB completed and belief, it is true, correct, and compl	d sjøned by an enrolled actuary, as							
SIGN	/	. /	David G	Side				
					ual signing as plan administrator			
SIGN	Siv							
HERE Signature of employer/r	<u> </u>		or plan sponsor					
Preparer's name (including firm na	me, if applicable) and address; inc	clude room of suite numbe	er (optional)	Prepare	er's telephone	number (optional)		
				and an address of the lines	and a state of a state of the s			
				ALL AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL				
For Paperwork Reduction Act No	otice and OMB Control Number:	s, see the instructions fo	or Form 5500-SF.		n generation of the state of the	orm 5500-SF (2012)		

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Part III Financial Information

Pa	Financial Information		1		1				
7	Plan Assets and Liabilities	A second se	(a) Beginning of Year		(b) End of Year			Year	·····
a	Total plan assets	7a	98,74	15					0
b	Total plan liabilities	7b		0				0	
C	Net plan assets (subtract line 7b from line 7a)	7c	98,74	15					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
а	Contributions received or receivable from:	0-(0)			Partie were		n i la si angela na si angela na Ngela na si angela n Ngela na si angela n	11.11.2012.400.000.000.000 21.21.21.200000.000.000 20.21.21.200000.000.000.000 20.22.200000.000.000	
	(1) Employers	8a(1)			10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000	ann an Arb. Carl an Arb. Line Mhacar (18) 1.1			
	(2) Participants	8a(2)				an in the state of the			A THE REAL PLACE AND A THE REAL PLACE
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	1,57	13					UM telden felden her son er ver dief Stadt in 1966 telden under en die dae
<u></u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			.7 E. Berlein M. Rey (2004) of the Art			1	,573
u	to provide benefits)	8d	100,31	18	1 (0.4) 1 (
е	Certain deemed and/or corrective distributions (see instructions)	8e			ALC ACT				
f	Administrative service providers (salaries, fees, commissions)	8f			DELCAS - December 2011	di veren 11 a.A. entre 11 entre 11 a.A. per urret 11 etterar	Alignet, Frederic La Color de Las 13 al la facta da dere cara cara de La Color		Convertient and a second secon
ġ	Other expenses							d ministration de la seconda de la second	MALE STREET
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	en particular de la completa en particular de la construcción de la construcción de la construcción de la const La construcción de la construcción d	1981 - HORNELL MILLING - 1421	BIGGE Please	and the second		100	.318
	Net income (loss) (subtract line 8h from line 8c)	8i			4	100,3			·
+		1	n se consequences provide la proposación de la responsación de la construir de la construir de la construir de Consequencia de la construir de la construir de la construir de la construir de construir de la construir de la Consequencia de la construir de la construir de la construir de la construir de construir de la construir de la	alaya yayaa da ay taa Addii ahaa ahaa ahaa ahaa ahaa ahaa ahaa		dev zaka se	e da la se se vera da da se		/2J) AlfAtelinethine 2 Attelinethine anoth
	Transfers to (from) the plan (see instructions)	8j			7250423059	97130-9754-96			
	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan Charac	teristi	c Cod	es in t	he instructio	ons:	
	2A 2E 2G 2J 2K 3D 3H								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Codes	s in th	e instructior	IS:	
P	art V Compliance Questions								
10	During the plan year:				Yes	No		mount	
a				10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		x			
C			•	10c	х				30,000
d		fidelity bo	nd, that was caused by fraud	10d		x			
e		er persons of the bene	by an insurance carrier, afits under the plan? (See	10e		x			
f				10f		х			
				40					
9	Did the plan have any participant loans? (If "Yes," enter amount a	· · · · · · · · · · · · · · · · · · ·		10g		х	NA. 19 - FROM BAD - COM , 1981-64.91	ulur dan kur	
n 	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•••••••		10h		х			
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						an an end of the second s		
Pa	rt VI Pension Funding Compliance								
11								Πγ	es X No
11	a Enter the amount from Schedule SB line 39					11a			
12							EDIRAG	<u> </u>	es 🗶 No
12			· · ·	or sec	aion 3	UZ OF	EKISA?		BS [A] INO
a	 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being ranting the waiver 	ng amortiz	ed in this plan year, see instruc				he date of th	ie letter Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b		-				12b			

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c	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [] No 🗌 N/A	<u> </u>	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes 🔲 N	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		,	X Yes 🗌 No	<u> </u>	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to				
1	I3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)		
Section of the						
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			