## 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

2009

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation		► Complete all entries in accor-	dance witl	n the instructions to the Form 550	0-SF.		peotion		
P	art I	Annual Repor	t Ide	entification Information				- 1			
For	calenda	ar plan year 2009 or			9	and ending 1	2/31/	2009			
Δ	This ret	turn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
B This return/report is for: first return/report								ш	•		
an amended return/report					final return/report short plan year return/report (less than 12 months)						
_				·			11115)	П			
С	Check b	box if filing under:		Form 5558	automatic	extension		☐ DFVC progra	am		
				special extension (enter description	on)						
Pa	rt II	Basic Plan Inf	orm	ation—enter all requested inform	ation						
	Name						1b	Three-digit			
SUT	OR MAI	NAGEMENT GROUP	P, LLO	C PROFIT SHARING 401(K) PLAN				plan number	001		
							4 -	(PN) •			
							1C	Effective date of 01/01/2			
20	Diana		م داداد				2h				
		ponsors hame and a NAGEMENT GROUF		ss (employer, if for single-employer	pian)		20	Employer Identification (EIN) 91-1743			
			,				2c	· · · · ·	elephone number		
		AVE SE, STE 200						425-99			
BELI	EVUE,	, WA 98005					2d	Business code (	see instructions)		
2-	Di				. "0	m	26	541211	<b>-1</b> 1.1		
		dministrator's name a NAGEMENT GROUF		ddress (if same as Plan sponsor, e 355 118TH A			30	Administrator's			
00.		TWOEMENT ORGOT	,	BELLEVUE,			3c		telephone number		
							425-990-1600				
				sponsor has changed since the la		port filed for this plan, enter the	4b	4b EIN			
	name, E	EIN, and the plan nur	nber	from the last return/report. Sponso	r's name		40	PN			
52	Total	aumbar of participant	o ot t	he hearing of the plan year				PIN T			
							5a		6		
b		·		he end of the plan year			5b		6		
С				account balances as of the end o		rear (defined benefit plans do not	5с		6		
60								<u> </u>	X Yes No		
b						(See instructions.)			103   140		
						ons.)			X Yes No		
						SF and must instead use Form 55					
Pa	rt III	Financial Info	rma	tion							
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End	of Year		
а	Total p	plan assets			. 7a	1104013	3		1243603		
b						C	)				
С	Net pla	an assets (subtract li	ne 7b	from line 7a)	. 7c	1104013	3		1243603		
8		e, Expenses, and Tra		·		(a) Amount		(b) 1	Total .		
а		butions received or re				(2)		(3)			
					. 8a(1)	18053	3				
	<b>(2)</b> Pa	articipants			. 8a(2)	21350	)				
	(3) Ot	thers (including rollov	ers).		. 8a(3)	C	)				
b	Other	income (loss)			. 8b	103494	ı				
С	Total i	income (add lines 8a)	(1), 8	a(2), 8a(3), and 8b)	. 8c				142897		
d				ollovers and insurance premiums							
	to prov	vide benefits)			. 8d	C	)				
е	Certai	n deemed and/or cor	rectiv	ve distributions (see instructions)	. 8e	C	)				
f	Admin	nistrative service prov	iders	(salaries, fees, commissions)	. 8f	C	)				
g	Other	expenses			. 8g	3307	7				
h	Total e	expenses (add lines 8	3d, 8e	e, 8f, and 8g)	. 8h				3307		
i	Net in	come (loss) (subtract	line	8h from line 8c)	. 8i				139590		
i	Transf	fers to (from) the plar	ı (see	e instructions)	- 8j	C					

Form 5500-SF 2009	Page <b>2-</b> 1
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Part IV	Dlan	Charas	teristics
Part IV	Plan	C.narac	teristics

**HERE** 

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2R 3D

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

~	- the plant provided from the approache from the country of the co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
art	V Compliance Questions									
10	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)		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			1000	000			
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.)		Х							
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.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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		Χ						
art	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes X	No			
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (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 instructions, and enter the date of the letter ruling granting the waiver									
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b						
	Enter the minimum required contribution for this plan year			12c						
	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	ПиоПи	I/A			
art										
_	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X	No			
- u	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?			ntrol		☐ Yes 🛚	No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to							
1	3c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)			13c(3) PN	(s)				
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.					
Jnde SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, correct, and complete.	rn/rep	ort, in	cluding	g, if applica					
SIGI	Filed with authorized/valid electronic signature 06/17/2010 GARY MOORHEA	AD.								
213										

Date

Date

06/17/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

GARY MOORHEAD

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection. ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I Annual Report Identification Information							
For	the calendar plan year 2009 or fiscal plan year beginning	2009-	01-01	and ending	200	09-12-31		
Α	This return/report is for: x single-employer plan	multiple-en	nployer plan (n	ot multiemployer)	Г	one-participant plan		
В	This return/report is for:	final return.	/report			•		
	an amended return/report	short plan	vear return/rep	ort (less than 12 montl	ns)			
C	Check box if filing under:	automatic	•	(	,	DFVC program		
•	special extension (enter description		3X(31)3/3/1		<u> </u>	1 Dr VO program		
-		,						
	Basic Plan Information enter all requested infor Name of plan	mation.			16.7			
ıa	Name of plan					hree-digit lan number		
	SUTOR MANAGEMENT GROUP, LLC PROFIT SHARING 401	(K) PLAN	ī			PN) ▶ 001		
						iffective date of plan		
2a	Plan sponsor's name and address (employer, if for single-employer pl	an)				Employer Identification Number		
	SUTOR MANAGEMENT GROUP, LLC	,			(EIN) 91-1743037			
	355 118TH AVE SE, STE 200					Plan sponsor's telephone number		
	JJJ IIOIR AVI DI, DIE 200					425) 990-1600 Business code (see instructions)		
	BELLEVUE WA 98005	***************************************			5	41211		
зa	Plan administrator's name and address (If same as plan employer, en Same	iter "Same")	)		3b ∧	dministrator's EIN		
					3c A	dministrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return. Sponsor's Name	t return/repo	ort filed for this	plan, enter the	4b ∈	IN		
	marrie, Env and the plan number from the last return. Oponson's Name	,			<b>4c</b> P	N		
5a	Total number of participants at the beginning of the plan year				5a	6		
b	Total number of participants at the end of the plan year				5b	6		
С	Total number of participants with account balances as of the end of the complete this item)				5c	6		
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (See	instructions.)					
þ	Are you claiming a waiver of the annual examination and report of an	independer	nt qualified publ	lic accountant (IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form			advec Form EEOO		Yes No		
Do	rt III Financial Information	1 5500-5F 8	ina must inste	ad use Form 5500.				
7	Plan Assets and Liabilities	50E846H	(a) Ba	ginning of Year	T	(b) End of Voca		
a	Total plan assets	. 7a	(a) Be		+	(b) End of Year		
b	Total plan liabilities	7b		1,104,013	+	1,243,603		
С	Net plan assets (subtract line 7b from line 7a)	7c		1,104,013	+	1,243,603		
<u> </u>	Income, Expenses, and Transfers for this Plan Year			a) Amount	+			
а	Contributions received or receivable from:		(8	a) Amount	29.6	(b) Total		
	(1) Employers	. 8a(1)		18,053				
	(2) Participants	8a(2)		21,350				
	(3) Others (including rollovers)	8a(3)		0	1			
b	Other income (loss)	8b		103,494				
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	* 1.42	是(2) 10000000	No.	142,897		
4	to provide benefits)	8d		0	10000			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	-	0				
g	Other expenses	8g		3,307				
h	Total expenses (add lines 8d, 8e, 8f, and 8q)	8h				3,307		
i	Net income (loss) (subject line 8h from line 8c)					139,590		
_	Transfers to (from) the plan (see instructions)	81		0	10.55			

Parl	IV Plan Characteristics							
9a	f the plan provides pension benefits, enter the applicable pension featu	re codes from the Li	st of Plan Characteri	stic C	odes i	n the	instructions:	
b i	2E 2F 2J 2R 3D f the plan provides welfare benefits, enter the applicable welfare feature	e codes from the Lis	t of Plan Characteries	tic Co	odoc in	tha ir	estructions:	
	The provided formal design of the applicable world to train the ap	C COGCS HOIT THE LIS	OI I Iaii Characteris	iic Oc	ili con	1116 11	istructions.	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Aı	mount
а	Was there a failure to transmit to the plan any participant contribution	within the time perio	d described in	100		x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D	/ Correction Program To not include transa	i)	10a				
	on line 10a.)		*	10b		x		
С	Was the plan covered by a fidelity bond?			10c	х			1,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide	lity bond, that was ca	aused by fraud					
	or dishonesty?		F	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or other periods convices or other periods that provides agents and the feet provides agents.	ersons by an insuran	ce carrier,					
	insurance services or other organization that provides some or all of t instructions.)	ne benefits under the	e 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 amount as of	year end.)		10g		x		
h	If this is an individual account plan, was there a blackout period? (See	e instructions and 29	CFR					
	2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i				
Part	VI Pension Funding Compliance		1					SELANDER DIRECTOR
11	Is this a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see inst	ructions and complet	te Scl	nedule	SB (F	orm	
10	5500))							Yes X No
12	Is this a defined contribution plan subject to the minimum funding requestion (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		412 of the Code or s	ectio	n 302 (	of ERI	SA?	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being a	,				41		
	granting the waiver		Month	is, an h	a ente:	r the c Day	iate of the le	tter ruling 'ear
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and s	kip to line 13.					
b	Enter the minimum required contribution for this plan year $\dots$ .				$\vdash$	l2b		
C	Enter the amount contributed by the employer to the plan for this plan				·   1	l2c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				1	12d		
е	Will the minimum funding amount reported on line 12d be met by the			-	· ∟		☐Yes [	□No □N/A
Part	VII Plan Terminations and Transfers of Assets	randing addamio.		•••	• •	•		
	Has a resolution to terminate the plan been adopted during the plan y		?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the empl			· ·	آ	3a	• • • •	
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another i	olan, or brought unde	er the	contro	1 ol		
_	of the PBGC?							Yes X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another p	lan(s), identify the pla	an(s)	to			
1	3c(1) Name of plan(s):				130	(2) EI	N(e)	13c(3) PN(s)
						\ <del>-</del> /	11(3)	130(3)114(3)
	n: A penalty for the late or incomplete filing of this return/report w							
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as	sclare that I have exa the electronic version	mined this return/report	port, i	ncludir	ng, if a	ipplicable, a	Schedule
belief,	it is true correct, and complete,		r or this retain/report	i, and	to the	i	of fifty Kilowie	aye and
SIGI	The Color	5 2210	(544 M		hes.	}		
HER	Signature of plan administrator	Date	Enter name of indiv				lan administ	rator
SIGI	WHO SWIN	5/24/10	/	_	when			
HER	Signature of employer/plan sponsor	Date	Enter name of indiv				mployer or p	olan sponsor
C					3		, ., ., .,	

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