## 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).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	➤ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.				
	Part I Annual Report Identification Information								
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	Γhis return/report is for:	first return/report	final retur	n/report					
	·	an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558 automatic extension					DFVC program			
	special extension (enter description)								
Pa	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	That of the tall requested inform	idilori		1b	Three-digit			
	LC 401K PLAN					plan number			
						(PN) • 001			
					1c	Effective date of plan			
- 20	0. 0.				26	01/01/2008			
	Pian sponsor's name and add STMENT DEVELOPMENT MA	ress (employer, if for single-employe	r pian)		<b>2b</b> Employer Identification Number (EIN) 91-1681966				
					2c Plan sponsor's telephone number				
	S.E. TECH CENTER PLACE				360-567-0201				
	E 150 COUVER, WA 98683				2d	Business code (see instructions) 531390			
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
	STMENT DEVELOPMENT MA	ANAGEMENT, LLC 1498 S.E. T				91-1681966			
		SUITE 150 VANCOUVE	ER, WA 986	883	3с	Administrator's telephone number			
4 1	the name and/or FIN of the n	lan sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	360-567-0201 <b>4b</b> EIN				
		er from the last return/report. Spons		port mod for time plant, enter the					
						PN			
5a		at the beginning of the plan year			5a				
b	·	at the end of the plan year			5b	17			
С		vith account balances as of the end o			5c	9			
6a	, ,	during the plan year invested in eligil							
		the annual examination and report of							
		(See instructions on waiver eligibility				Yes 📙 No			
D-		her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III   Financial Inform	iation		T	1				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
	Total plan assets		7a	14458	-	40453			
b	•				)	0			
<u>_</u>		7b from line 7a)	7с	14458	3	40453			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	ervable from:	8a(1)						
				20928	3				
		s)							
b	Other income (loss)	······································	8b	5929	9				
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c			26857			
d	Benefits paid (including direct	rollovers and insurance premiums							
			<u>8d</u>	862	_				
e		ctive distributions (see instructions)			+				
t ~		ers (salaries, fees, commissions)			$\dashv$				
g	•					202			
h :		8e, 8f, and 8g)				862			
 		ne 8h from line 8c)				25995			
J	rransiers to (noin) the plan (s	see instructions)	··· 8i	i					

Part IV	Plan (	Characteristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruct	ions:	
Part '	٧	Compliance Questions								
10	Dui	ring the plan year:			Yes		s No		Amount	
а		Was there a failure to transmit to the plan any participant contributions within the time period described 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				500000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X			
	ins	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.)					X			
f	Has the plan failed to provide any benefit when due under the plan?				10f		X			
g	Did	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X			
		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)					X			
		10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3								
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	s $\Pi$ No
		0))his a defined contribution plan subject to the minimum funding requi							Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the Code	01 56	Clion	JUZ UI	LNISA!	Ц 10.	3 🖺 110
		waiver of the minimum funding standard for a prior year is being am		n year, see instruct	tions,	and e	enter th	e date of tl	he letter r	uling
	-	nting the waiver.			h		Day		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	,	•		Γ	12b			
		er the minimum required contribution for this plan year					12c			
d							12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?					-		Yes	No	N/A
Part \		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	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							s X No		
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.)										
13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s) <b>13c(3)</b> F				<b>3)</b> PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed u	ınless reasonable	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	Filed with authorized/valid electronic signature.  08/16/2010 RICHARD RUDD			)					
HERE	- Г	Signature of plan administrator Date Enter name of			individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor