## 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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.	
		dentification 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	This return/report is for: first return/report final return/report					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)	
C	C Check box if filing under: ☐ Form 5558 ☐ automatic extension					DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation			
1a	Name of plan				1b	Three-digit
THE	SAGE GROUP RETIREMENT	PLAN				plan number
					10	(PN)
					10	Effective date of plan 10/01/2003
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number
	SAGE GROUP I, L.L.C.					(EIN) 91-2106893
	SAGE GROUP				2c	Plan sponsor's telephone number 425-417-6684
	W. BEAVER LAKE DR. S.E. MAMISH, WA 98075				2d	Business code (see instructions)
						541990
	Plan administrator's name and SAGE GROUP I, L.L.C.	d address (if same as Plan sponsor, e			3b	Administrator's EIN 91-2106893
	SAGE GROUP	SAMMAMIS	— —		3c	Administrator's telephone number
						425-417-6684
	•	lan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN
	name, EIN, and the plan numb	er from the last return/report. Sponso	ors name		4c	PN
5a	Total number of participants a	at the beginning of the plan year			5a	6
b					5b	6
С	Total number of participants v	with account balances as of the end o	of the plan y	vear (defined benefit plans do not		
	•				5c	3
		during the plan year invested in eligib				X Yes No
D		the annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No
		her 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Inform					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	58115	5	39877
b	Total plan liabilities		7b			
С	Net plan assets (subtract line	7b from line 7a)	7c	58115	5	39877
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received		0-(4)	1020		
	• • • •			1020	<u>'</u>	
		٠			_	
b	• • • •	s)		13082	,	
_	,			13002	-	14102
c d		, 8a(2), 8a(3), and 8b) rollovers and insurance premiums	00			17102
<b>~</b>			8d	32340	)	
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e		4	
f	Administrative service provide	ers (salaries, fees, commissions)	8f		_	
g	Other expenses		8g			
h	Total expenses (add lines 8d,	, 8e, 8f, and 8g)	8h			32340
į		ne 8h from line 8c)				-18238
j	Transfers to (from) the plan (s	see instructions)	8i			

9a

2E 2G 2J 2K 3D 2T

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

		· «go =
		<del></del>
Part IV	Plan Characteristics	

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

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

	The plan provides from a solution, office the applicable from a solution	aturo codos mom mo	List of Flam Shara	0.01100			oou doud		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? 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 fid or dishonesty?			10d		Χ			
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.)					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.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		Χ			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i					
Part '	/I Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))							Yes	No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section	on 412 of the Code	or sec	ction 3	802 of I	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)							
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule			.111		Day.		eai	
-	Enter the minimum required contribution for this plan year		-		[	12b			
	Enter the amount contributed by the employer to the plan for this pla				l l	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				[	12d			
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	ar?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a			
-	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?	ransferred to anothe				ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(s), identify th	e plar	n(s) to				
1:	Bc(1) Name of plan(s):			13c(2) E			N(s) 13c(		PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonabl	e cau	se is	establ	ished.	1	
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applicab		
SIGN	Filed with authorized/valid electronic signature.	10/08/2010	RON WORMAN						
HERI		Date	Enter name of in	dividu	ıal sinı	nina as	nlan admin	istrator	

Date

Date

Enter name of individual signing as plan administrator

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	Complete all entries in accord	ance with	the instructions to the Form 5500	)-SF.	<u> </u>					
	rt I Annual Report Identification Information	Commission .		- A						
For	calendar plan year 2009 or fiscal plan year beginning		and ending							
Α٦	This return/report is for: single-employer plan		one-participant plan							
В	This return/report is for:     first return/report	final return	/report	3						
	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 description	n)								
Pa	rt II Basic Plan Information—enter all requested informa	ition		00411000						
1a	Name of plan			1b	Three-digit					
THE	SAGE GROUP RETIREMENT PLAN				plan number					
					(PN) ▶ 001					
02.00				10	Effective date of plan 10/01/2003					
	Plan sponsor's name and address (employer, if for single-employer) SAGE GROUP I, L.L.C.	plan)		2b	Employer Identification Number (EIN) 91-2106893					
THE	SAGE GROUP			2c	Plan sponsor's telephone number					
	W. BEAVER LAKE DR. S.E. MAMISH WA 98075			24	425-417-6684 Business code (see instructions)					
					541990					
<b>3a</b> SAM	Plan administrator's name and address (if same as Plan sponsor, er E	nler "Same'	")	3b	Administrator's EIN 91-2106893					
		200		3с	Administrator's lelephone number 425-417-6684					
	f the name and/or EIN of the plan sponsor has changed since the las		oort filed for this plan, enter the	4b	EIN					
1	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI					
5a	Total number of participants at the beginning of the plan year			5a						
b	Total number of participants at the end of the plan year		6							
c	Total number of participants with account balances as of the end of			5b	6					
	complete this item)			5c	3					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	(See instructions.)		X Yes No					
b		an indepen	dent qualified public accountant (IQ	PA)	O ver O ve					
	If you answered "No" to either 6a or 6b, the plan cannot use Fo			under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
Pa				^^	- CHALING - CA SCORI					
	rt III   Financial Information	JIIII 0000-C	or and must instead use Form 55	00.						
7	rt III Financial Information			00.						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
a	Plan Assets and Liabilities Total plan assets	. 7a								
a b	Plan Assets and Liabilities  Total plan assets  Total plan liabilities	7a 7b	(a) Beginning of Year 58115	5	(b) End of Year					
a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	. 7a	(a) Beginning of Year 58115 58115	5	(b) End of Year 39877					
a b	Plan Assets and Liabilities  Total plan assets  Total plan liabilities	7a 7b	(a) Beginning of Year 58115	5	(b) End of Year					
a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7a 7b	(a) Beginning of Year 58115 58115	5	(b) End of Year 39877					
a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	(a) Beginning of Year 58115 58115 (a) Amount	5	(b) End of Year 39877					
a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year 58115 58115 (a) Amount	5	(b) End of Year 39877					
a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 58115 58115 (a) Amount	5 5 )	(b) End of Year 39877					
a b c 8 a	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 58115 58115 (a) Amount	5 5 )	(b) End of Year 39877					
a b c 8 a	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 58115 58115 (a) Amount	5	(b) End of Year 39877 39877 (b) Total					
8 a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 58115 (a) Amount 1020	5	(b) End of Year 39877 39877 (b) Total					
a b c 8 a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 58115 (a) Amount 1020	5	(b) End of Year 39877 39877 (b) Total					
a b c 8 a b c d	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 58115 (a) Amount 1020	5	(b) End of Year 39877 39877 (b) Total					
a b c s a b c c d e f	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 58115 (a) Amount 1020	5	(b) End of Year 39877 39877 (b) Total					
a b c B a b c c d e f g	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 58115 (a) Amount 1020	5	(b) End of Year 39877 39877 (b) Total					

n	2	1
Page	4-	

Dart IV	Plan Characteristics	
PARILY	Figure Characteristics	ı

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 3D 2T

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	-	L	- 2	wisto is contain		Yes	No				
	Was	ing the plan year: s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	within the time peri	od described in	10a	169	X	A	mount		
b	Wei	re there any nonexempt transactions with any party-in-interest? (Drine 10a.)	o not include transa	ctions reported	10b		Х				
С	Wa	s the plan covered by a fidelity bond?			10c		Х				
d		the plan have a loss, whether or not reimbursed by the plan's fidel ishonesty?			10d		х		2		
е	We	re any fees or commissions paid to any brokers, agents, or other p rrance service or other organization that provides some or all of the ructions.)	ersons by an insura e benefits under the	nce carrier, plan? (See	10e		x				
f	Has	the plan failed to provide any benefit when due under the plan?			10f	i.	х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	********	10g		Х		10000000		
h	252	is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		х		100		
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	ONE OF CHARLES CARRIED A VINNES AND		10i						A
Part	VI	Pension Funding Compliance						. 20010		Sell Time	
11		is a defined benefit plan subject to minimum funding requirements 0))							Yes	П	No
12		his a defined contribution plan subject to the minimum funding req		T. 32.———————————————————————————————————					Yes	X	No
	if a grai	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being anting the waiver	mortized in this plan	Моп	ith						<b>-</b>
b	Ent	er the minimum required contribution for this plan year					12b				
C	Ent	er the amount contributed by the employer to the plan for this plan	year		*******	[	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	1)7			[	12d				
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?	**************				Yes	No	<u> </u>	V/A
Part	VII	Plan Terminations and Transfers of Assets	7	No. 19							
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior year	r?				5 5000000	Yes	X	No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	loyer this year				13a				
b	of t	re all the plan assets distributed to participants or beneficiaries, tra he PBGC?		······································					Yes	X	No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	an(s) to	D		,		
	13c(1	) Name of plan(s):				13	3c(2) E	IN(s)	13c(3	B) PN	l(s)
				Service State Control of the State S			11-2-2				
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed t	uniess reasonat	ole ca	use is	estab	lished.			
SB	r Scl	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a s true, correct, and complete.									
SIG	SIGN JULY Drum 1 16-6-200 RON WORMAN								*		
HEF		Signature of plan administrator	Date	Enter name of i	indivio	lual sig	gning a	s plan admir	istrator		
SIG	M				asil Alaba		-		THE PARTY NAMED IN		210201
HE			indivic	dual sid	onino a	s employer	or plan si	oons	or		
											-