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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	10/31/2	2010
Α -	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В -	This return/report is for:	final retur	n/report		_
	·	short plar	year return/report (less than 12 mo	onths)	
C (Check box if filing under: Form 5558	,	DFVC program		
•	special extension (enter description	extension			
Do	<u>_</u> \\\	,			
	rt II Basic Plan Information—enter all requested information—one plan	ition		1h	Three-digit
	Name of plan SAGE GROUP RETIREMENT PLAN			10	nlan number
	STOL STOCK RETIREMENT EAST				(PN) ▶ 001
				1c	Effective date of plan
					10/01/2003
	Plan sponsor's name and address (employer, if for single-employer p SAGE GROUP I, L.L.C.	plan)		2b	Employer Identification Number 91-2106893
	SAGE GROUP			20	(EIN) 91-2106893 Plan sponsor's telephone number
1728	W. BEAVER LAKE DR. S.E.			20	425-417-6684
SAMI	MAMISH, WA 98075			2d	Business code (see instructions)
				-	541990
THE	Plan administrator's name and address (if same as Plan sponsor, en SAGE GROUP I, L.L.C. 1728 W. BEA	nter "Same VER LAK	e") E DR. S.E.	36	Administrator's EIN 91-2106893
THE	SAGE GROUP SAMMAMISH	I, WA 980	75	3c	Administrator's telephone number
					425-417-6684
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number from the last return/report. Sponsor	's name		4c	PN
5a	Total number of participants at the beginning of the plan year				6
b	Total number of participants at the end of the plan year				0
				5b	· ·
С	Total number of participants with account balances as of the end of complete this item)		` .	5c	0
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	,		Yes No	
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-	SF and must instead use Form 5	500.	
			()5 :		40 = 1 4V
7	Plan Assets and Liabilities		(a) Beginning of Year	7	(b) End of Year
	Total plan liabilities	7a		•	
	Total plan liabilities	7b	3987	7	0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		-	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b		1	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1
d	Benefits paid (including direct rollovers and insurance premiums		2007	0	
	to provide benefits)	8d	3987	•	
е	Certain deemed and/or corrective distributions (see instructions)	8e		_	
f	Administrative service providers (salaries, fees, commissions)	8f		_	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			39878
i	Net income (loss) (subtract line 8h from line 8c)	8i			-39877
i	Transfers to (from) the plan (see instructions)	Qί			

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Part IV	Plan Characteristics	
O- If the ol	lan provides panaian banafita	anter the applicable pension feature and a from the List of Dian Characteristic Codes in the instruction

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

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

D	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	iic Cod	ies in t	ne instru	ctions			
art	V Compliance Questions								
0	During the plan year:		Yes	No		Amo	ount		
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)	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?		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		Χ					
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							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•	. [Yes	No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?		Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year			12b					
	Enter the amount contributed by the employer to the plan for this plan year		12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	1	No	N/A	
art									
 3а	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 the control						No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			_			
13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)		
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.				
Во	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r it is true, correct, and complete.		,	,	, , ,	,			
	Filed with authorized/valid electronic signature. 12/16/2010 RON WORMAN								

SIGN	Filed with authorized/valid electronic signature.	12/16/2010	RON WORMAN
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 Internat 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

Pa			3			
For c	alendar plan year 2010 or fiscal plan year beginning 01/01/2010		and ending 1	0/31/2	010	
Ат	his return/report is for:	multiple-en	nployer plan (not multiemployer)		one-participa	nt plan
Вт	his return/report is for: first return/report	final return	/report			
	an amended return/report	short plan	year return/report (less than 12 mor	iths)		
C	heck box if filing under: Farm 5558	automatic (extension		DFVC progra	m
	special extension (enter description	n)				
Pa	t II Basic Plan Information—enter all requested informa	ilion	đại S			
	Name of plan		410019	1b	Three-digit	
	SAGE GROUP RETIREMENT PLAN				plan number	001
				4 =	(PN) •	07070M
				16	Effective date of 10/01/2	
	Plan sponsor's name and address (employer, if for single-employer) SAGE GROUP I, L.L.C.	plan)		2b	Employer Identif (EIN) 91-210	
	SAGE GROUP			2c	Plan sponsor's t	elephone number
	W. BEAVER LAKE DR. S.E.			24	425-41	
SAMI	MAMISH WA 98075			Za	541990	see instructions)
3a SAMI	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	")	3b	Administrator's 91-210	
				3с	Administrator's 1 425-41	telephone number 7-6684
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/rep	oort filed for this plan, enter the	4b	EIN	
ľ	ame, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		6
	Total number of participants at the end of the plan year			5b		0
	Total number of participants with account balances as of the end of	the plan y	ear (defined benefit plans do not	V25.00V		0
	complete this item)			5с		
	Were all of the plan's assets during the plan year invested in eligib				**************	X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen and conditi	ons,),,,,,,,			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
	Total plan assets		39877	·		0
b	Total plan liabilities	7b			10000-101110-20111-07-101-	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	39877		NIWE -	0
8	Income, Expenses, and Transfers for this Plan Year	7-2	(a) Amount	100 000	(b)	Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)				1.0
	(2) Participants					
	(3) Others (including rollovers)	ON THERESE	(American de la companya de la comp			
b	Other income (loss)			1		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	117.5			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1
d	Benefits paid (including direct rollovers and insurance premiums		3987	R		
2008	to provide benefits)		3907			
e	Certain deemed and/or corrective distributions (see instructions)	1000		\dashv		
Ţ	Administrative service providers (salaries, fees, commissions)			\dashv		
g	Other expenses					39878
h	50/10 W W X 22			+		-39877
1	Net income (loss) (subtract line 8h from line 8c)		<u> </u>			000.7

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D	13.7	DI	Ohann	cteristics
Part	IV I	Plan	i i nara	creristics

- 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			40	3	12000	1	- 1011-01-01-01-01-01-01-01-01-01-01-01-01		
10	During the plan year:				Yes	No		Amou	int
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include transact	ions reported	10b		х			
С	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 fide or dishonesty?			10d		х			- 100ml
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insuranc he benefits under the p	ce carrier, lan? (See	10e		х			
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 o	f year end.)		10g		Х			
h	The state of the s	e instructions and 29 C	FR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one o	of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))								Yes 🗌 N
12	Is this a defined contribution plan subject to the minimum funding re	quirements of section 4	12 of the Code	or se	ection	302 of	ERISA?		Yes 🛛 N
	(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 granting the waiver.								
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule N								
b	Enter the minimum required contribution for this plan year				[12b			
C	Enter the amount contributed by the employer to the plan for this pla	n year				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	funding deadline?				.,,,,,	Yes	No) N//
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••				\times	Yes 🗌 N
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a			
b	of the PBGC?	**************************						×	Yes 📗 N
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify t	he pla	ın(s) t)			
14	I3c(1) Name of plan(s):				13	3c(2) E	IN(s)	1	3c(3) PN(s
	100(1) realite of planto).	1989151-19-521.				, <u>, , , , , , , , , , , , , , , , , , </u>			00(0)111(0

Carr	tion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed up	less reasonah	ile ce	ا موں	estah	lished		
Unde SB c	er penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well f, it is true, correct, and complete.	I declare that I have ex	amined this ret	urn/re	port, i	ncludin	g, if applic	cable, a	Schedule edge and
CIC	N VANA A A A A A A A A A A A A A A A A A	12/14/10	RON WORMA	N					
SIG			Enter name of i	ndivid	lual si	gning a	s plan adr	ninistra	itor
616									
SIG		Date	Enter name of i	individ	lual si	anina a	s employe	er or nis	an sponsor
3	- Guerra A. surp Jankian akanaa.					g a		p.c	1001