Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Pa	art I	Annual Report I	dentification Information								
For	calenda	ar plan year 2010 or fisc		1	and ending	10/07/2	2011				
Α	This ret	urn/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
		urn/report is for:	first return/report	final retur	n/report		_				
_		,.opo	an amended return/report	short plar	n year return/report (less than 12 m	onths)					
C	Chook h	oox if filing under:	Form 5558	<u> </u>	extension		DFVC program				
C	CHECK	oox ii iiiing under.	special extension (enter descripti	1	CALCHSION						
D	- n4 II	Dania Dian Infan	<u> </u>								
	art II	•	mation—enter all requested inform	nation		41.	<u> </u>				
	Name		LODDOCIT CLIADING 404/IC DLAN			10	Three-digit plan number				
3010	OR IVIAI	NAGEMENT GROUP, I	LLC PROFIT SHARING 401(K) PLAN	N.			(PN) • 001				
						1c	Effective date of plan				
							01/01/2001				
			ress (employer, if for single-employer	r plan)			Employer Identification Number				
SUT	OR MAI	NAGEMENT GROUP, I	LLC				(EIN) 91-1743037				
355 1	118TH <i>A</i>	AVE SE, STE 200				2C	Plan sponsor's telephone number 425-990-1600				
		WA 98005				2d	Business code (see instructions)				
							541211				
3a	Plan ad	dministrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
3010	OR IVIAI	NAGEMENT GROUP, I	LC 355 118TH / BELLEVUE,			2-	91-1743037				
						30	Administrator's telephone number 425-990-1600				
4 1	If the na	me and/or EIN of the p	lan sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN				
			er from the last return/report. Sponse								
						4c					
		, ,	at the beginning of the plan year				5				
b			at the end of the plan year			. 5b	0				
С			with account balances as of the end c		•	5c	0				
		•	during the plan year invested in eligit				X Yes ☐ No				
b		•	the annual examination and report of		,						
			(See instructions on waiver eligibility				X Yes No				
			her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 5	500.					
Pa	rt III	Financial Inform	nation		T						
7	Plan A	Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total p	olan assets		7a	5346	16	0				
b											
<u> </u>	Net pla	an assets (subtract line	7b from line 7a)	. 7с	5346	16	0				
8	Incom	e, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total				
а		butions received or rece		90(4)		0					
					15	84					
	` '	•	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠								
h		, •	s)	1	-278	28					
b		` ,	0-(0) 0-(0)		210.		-26244				
c d		, , ,	, 8a(2), 8a(3), and 8b) rollovers and insurance premiums	8c			20211				
u				8d	5042	68					
е			ctive distributions (see instructions)								
f			ers (salaries, fees, commissions)		41	04					
g		•									
h		·	, 8e, 8f, and 8g)				508372				
i			ne 8h from line 8c)				-534616				
i			see instructions)	0:							

Fo	orm 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		

9a	If th	e plan	provi	ides p	ension benefit	s, enter t	he applicable	pension featur	e codes from	the List o	f Plan	Characteristic	Codes i	n the in	structions
	2F	2F	2.1	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:

art \	Compliance Questions						
)	during the plan year:		Yes	No		Amour	ıt
а	Vas 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			
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		X			
С	Nas the plan covered by a fidelity bond?	10c	X				10000
	oid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		X			
	Vere 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		X			
f	as the plan failed to provide any benefit when due under the plan?	10f		X			
g	olid the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		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	10i					
rt \	Pension Funding Compliance						
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))					. [] Y	es X 1
2	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection 3	302 of	ERISA?.	. [] Y	es X
(f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
Ç	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruranting the waiver.	nth					
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401	1		
	nter the minimum required contribution for this plan year			12b			
	nter the amount contributed by the employer to the plan for this plan year			12c			
	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)		L	12d	==1	F=1	
<u>e</u> \	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/
rt \	Plan Terminations and Transfers of Assets						
a I	as a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	es 1
ı	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
	/ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought f the PBGC?		the co	ntrol		XY	es 🗌 1
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify thich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1			
13	(1) Name of plan(s):		13	c(2) El	N(s)	130	(3) PN(s
utic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establ	ished.		
nder	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	urn/re	port, ir	cludin	g, if appli		

SIGN	Filed with authorized/valid electronic signature.	12/02/2011	GARY MOORHEAD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	12/02/2011	GARY MOORHEAD
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instruction	ne to the Earn EE	W CE	Inspection					
-	Part II Annual Report Identification Information											
Fo	For the calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 10/07/2011											
Α	This return/report is for:	x single-employer plan	multiple-	employer plan (no		one-participant plan						
	This return/report is for:	first return/report	-		· ···aiaaiiipioyai,	L	_ one-participant plan					
	ins return/report is for: inst return/report x final return/report x short plan year return/report (less than 12 months)											
C	Check box if filing under:	Form 5558			rt (less than 12 mont	ius)						
•	Office box it filling drider.	님	•	extension		L	DFVC program					
-	SERVICE DO LO LA	special extension (enter description										
_	art II Basic Plan Info	rmation — enter all requested info	mation.			·						
10	·					1b	Three-digit plan number					
	SUTOR MANAGEMENT GRO	UP, LLC PROFIT SHARING 401	L(K) PLA	N			PN) ► 001					
						1c	Effective date of plan					
	Plan sponsor's name and adde	ress (employer, if for single-employer p	-l)				01/01/2001					
	SUTOR MANAGEMENT GRO	UP, LLC	nan)			2b (Employer Identification Number					
							EIN) 91-1743037 Plan sponsor's telephone number					
	355 118TH AVE SE, ST	E 200					(425) 990-1600					
US	BELLEVUE	WA 98005				2d 8	Business code (see instructions)					
3a		i address (If same as plan employer, e	nter "Same	*)			541211 Administrator's EIN					
	Same						Tariminate of S En					
						30 /	Administrator's telephone number					
						""	demonstrator a relebuoue unuber					
4	If the name and/or EIN of the o	plan sponsor has changed since the las	et return/rei	and filed for this p	lop onto the	1h -						
	name, EIN and the plan number	er from the last return/report. Sponsors	s Name	or med for this p	ian, enter the	4b 8						
58	Total number of participants of	the heginalne of the star				4c F	N					
b	Total number of participants at	t the beginning of the plan year the end of the plan year	• • •		• • • • • •	<u>5a</u>	5					
C	Total number of participants wi	ith account balances as of the end of the	· · · · ne plan vea	r (defined benefit	nians do not	5 b	0					
	complete this item)	<u></u> .				5c	0					
ba	Were all of the plan's assets du	uring the plan year invested in eligible a	assets? (Se	e instructions.)			· · · · XYes No					
b	under 29 CFR 2520.104-46? (S	e annual examination and report of an See instructions on waiver eligibility and	independe	nt qualified public								
	If you answered "No" to eithe	er 6a or 6b, the plan cannot use Form	n 5500-SF	3.)	d use Form 5500	• • •	· · · · XYes No					
P	rt III Financial Inform	nation			2 200 1 01111 0000:							
7	Plan Assets and Liabilities	***	1	(a) Begi	inning of Year		(h) End of V					
а	Total plan assets		7a	(4, 30g)	534,616	+	(b) End of Year					
b	Total plan liabilities		7b		334,616	+	<u> </u>					
С	Net plan assets (subtract line 7	b from line 7a)	7c		534,616	+						
8	Income, Expenses, and Transfe			(0)	· · · · · · · · · · · · · · · · · · ·	+	0					
а	Contributions received or received			(a)	Amount	TRING	(b) Total					
	(1) Employers	· · · · · · · · · · · · · · · · · · ·	8a(1)		0	100						
	(2) Participants	• • • • • • • • • • • • • • • • • • •	8a(2)		1,584							
	(3) Others (including rollovers)	• • • • • • • • • • • • • • • • • • •	8a(3)									
b	Other income (loss)	· · · · · · · · · · · · · · · · · · ·	8b		(27,828)	4						
Ç	Total income(add lines 8a(1), 8a	a(2), 8a(3), and 8b)	8c				(26,244)					
đ	to provide benefits)	ollovers and insurance premiums				- 23						
е		ve distributions (see instructions)	8d	100	504,268	7						
f		s (salaries, fees, commissions)	8e			" "						
g	Other expenses	, (salaties, lees, commissions)	8f		4,104							
	·		8g			1782						
h i	Total expenses (add lines 8d, 8d		8h				508,372					
; ;	Net income (loss) (subtract line		81	是其成立的企業的			(534,616)					
1_	riansiers to (from) the plan (see	e instructions)	8j			137743	(A) 14 (B) 15 (B)					

	Form 5500-SF 2010				Page 2-					
Par	IV Plan Characteristics									
9a	the plan provides pension benefits, enter the applicable pension fea	ature co	des	from the	List of Plan Chara	cteristic	Code	s in the	a instructions	
_	2E 2F 2J 2R 3D it the plan provides welfare benefits, enter the applicable welfare feat									
Par	Compliance Questions				W					
10	During the plan year:						Yes	No	T	Amount
а	Was there a failure to transmit to the plan any participant contribution	on withi	n the	time pe	riod described in			x		unount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flducion Were there any nonexempt transactions with any party-in-interest?	(Do no	t inclu	ude trans	actions reported	. 10	-	+-	+	
	on line 10a.)	• •				. 10	ь	х		
C	Was the plan covered by a fidelity bond?					100	c x			1,000,0
đ	Did the plan have a loss, whether or not reimbursed by the plan's fiver dishonesty?	delity b	ond,	that was	caused by fraud	. 100	d	x		
8	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all o instructions.)	of the be	s by enefit	an insur s under	ance carrier, he plan? (See	100		x		
f	Has the plan failed to provide any benefit when due under the plan'					101		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as						_	x		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See insti	ructio	ns and 2	9 CFR	. 101		x	13.16	
216000	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	require 3	ed no	tice or o	ne of the	. 101				****
Part	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3									
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	ints? (If	"Yes	," see in	structions and com	plete S	chedu	le SB (Form	∐Yes XX No
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	quirem	ents	of section	n 412 of the Code	or sect	ion 30	2 of EF	RISA?	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amorti			M	ctions, a	and en	ter the	date of the le	etter ruling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	AB (For	m 55	00), and	skip to line 13.					
b	Enter the minimum required contribution for this plan year							12b		
d	Enter the amount contributed by the employer to the plan for this plated Subtract the amount in line 12c from the amount in line 12b. Enter the amount in line 12b. Enter the state amount.	he resu	it (en	· · · ter a mir	us sign to the left	ofa	•	12c		
е	Will the minimum funding amount reported on line 12d be met by th			· · · ·	• • • • •	• •	٠ ـ		☐Yes	□No □N/A
Part	Plan Terminations and Transfers of Assets		.g uu	udiii107	<u> </u>	<u> </u>	• •	• •		
13a	Has a resolution to terminate the plan been adopted during the plan	year or	any	prior yea	r?					X Yes No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer	this y	ear .				13a	_ ` · · ·	
b	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?	ransfen	red to	anothe	plan, or brought u	ınder th	e cont	rol	· · · · · · · · · · · · · · · · · · ·	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this pla	n to	another	plan(s), identify the	plan(s	• • • s) to	• •	• • • •	XYes No
1:	c(1) Name of plan(s):						13	c(2) E	IN(s)	13c(3) PN(s)
*******						-			···	
							·			
autio	: A penalty for the late or incomplete filling of this return/report	will be	2556	ssed ur	less reasonable d	cause l	s esta	bilshe	d.	
	enalties of perjury and other penalties set forth in the instructions, I c chedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete	declare s the ele	that i ectroi	have ex nic version	amined this return on of this return/rep	/report, oort, an	includ d to the	ing, if a	applicable, a of my knowle	Schedule edge and
SIGN	11/2 · 4//////////////////////////////////	12	1	111	GARY MOORHE	:AD		· · · · · · · · · · · · · · · · · · ·		
HER	- 3-177-17 or Himm manipplied diport	Date	350		Enter name of in		l signi	ng as r	lan administ	rator
1200	11111		_				2.3	3	womming	14101

11

GARY MOORHEAD

Enter name of individual signing as employer or plan sponsor

(2)

Date

SIGN
HERE Signature of employer/plan sponsor