# 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Be	nefit Guaranty Corporation		▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.		pcotion			
Pa	art I	Annual Report	Ide	entification Information				•				
For	calenda	ar plan year 2010 or f	iscal	plan year beginning 01/01/201	0	and ending 1	2/31/	2010				
Α -	This retu	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan			
		urn/report is for:		first return/report	final retur							
				an amended return/report	short plan	year return/report (less than 12 mor	nths)					
C	Check b	oox if filing under:		Form 5558	automatic	extension		DFVC progra	ım			
		-	Ī	special extension (enter description	on)			_				
Pa	rt II	Basic Plan Info	orm	ation—enter all requested inform	ation							
	Name o				ation		1b	Three-digit				
		INT MANAGEMENT,	INC	. 401(K) PLAN				plan number	001			
								(PN)				
							1c	Effective date o	•			
2a	Plan sp	oonsor's name and ac	ddres	ss (employer, if for single-employer	plan)		2b	Employer Identi		mber		
CEN	TERPO	INT MANAGEMENT,	INC	•				(EIN) 20-145				
2081	9 - <b>72N</b> I	D AVE. S., SUITE 12	5				2c	Plan sponsor's t	elephone   5-2026	number		
KEN	Γ, WA 9	98032					2d	Business code (	see instru	ctions)		
20	Diaman	das:-:-tuataula u a a a a		dalacce (if course on Diagram courses		- m\	2h	531310 Administrator's				
CEN	TERPO	INT MANAGEMENT,	INC	ddress (if same as Plan sponsor, e 20819 - 72Ni KENT, WA 9	D AVE. S.,	SUITE 125	30	20-145				
				KENT, WAS	0002		<b>3c</b> Administrator's telephone number 253-395-2026					
			•	sponsor has changed since the la		port filed for this plan, enter the	4b	EIN				
1	name, E	EIN, and the plan num	nber	from the last return/report. Sponso	or's name		4c	PN				
5a	Total n	number of participants	at t	he beginning of the plan year			5a			4		
b	Total n	number of participants	at t	he end of the plan year			5b			4		
С				n account balances as of the end o		rear (defined benefit plans do not	5c			4		
6a		•				(See instructions.)			X Yes	s No		
b						ndent qualified public accountant (IQI			<u> </u>			
			•			ions.)			^ Yes	s   No		
Do		Financial Infor			orm 5500-	SF and must instead use Form 55	00.					
_	rt III		IIIa	lion						-		
7		ssets and Liabilities			_	(a) Beginning of Year 74791		(b) End	of Year	82632		
		olan assets			. 7a	14701				02002		
b	•			form the 27-1		74791				82632		
<u> </u>				from line 7a)	. 7с			4.1		- 02002		
8		e, Expenses, and Tra butions received or re				(a) Amount		(b)	Γotal			
а				able ITOTTI.	. 8a(1)							
					1	5500	)					
	(3) Otl	hers (including rollove	ers).									
b		, -	,			8789	)					
С	Total in	ncome (add lines 8a(	1), 8	a(2), 8a(3), and 8b)	8c					14289		
d	Benefit	ts paid (including dire	ct ro	llovers and insurance premiums	. 8d							
е		,		re distributions (see instructions)		6448	7					
f				(salaries, fees, commissions)								
g												
h		•		e, 8f, and 8g)						6448		
i				8h from line 8c)						7841		
j		, , ,		e instructions)								
					~ j							

	Form 5500-SF 2010 Page <b>2-</b>								
ar	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instru	ctio	ns:		
	2E 2F 2G 2J 2K 2T 3D 3E								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Coc	les in t	ne instruc	tior	ns:		
art	V Compliance Questions								
)	During the plan year:		Yes	No		Δ.	moun	.+	
, a	Was there a failure to transmit to the plan any participant contributions within the time period described in						iioui		
_	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			Χ					
	on line 10a.)	10b		Χ					
С	Was the plan covered by a fidelity bond?	10c		^					
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.)	10e		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? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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	plete \$	Sched	ule SB	(Form		Пу		
	5500))						=	es	No 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 E	ERISA?		Y	es	× No
2	(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 instruc-	tiono	and a	ntar th	o doto of	tha	lottor	- ruli	20
а	granting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	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)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No		N/A

### Part VII Plan Terminations and Transfers of Assets

of the PBGC?.....

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):
 13c(2) EIN(s)
 13c(3) PN(s)

Yes X

Yes X No

#### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/19/2011	CHRISTOPHER E. RICHARDS					
	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 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.

OMB Nos, 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information calendar plan year 2010 or fiscal plan year beginning		and ending						
	V to the section of t								
	This teluminopolitia ioi.		one-participant plan						
В -	This return/report is for:	n/report							
	an amended return/report	short plan	year return/report (less than 12 mo	nihs)					
C	Check box If filing under:  Form 5558	extension	DFVC program						
	special extension (enter description)								
	rt II Basic Plan Information—enter all requested inform	nalion							
	Name of plan			1b	Three-digit				
CEN	TERPOINT MANAGEMENT, INC. 401(K) PLAN				plan number (PN) 001				
				1c	Effective date of plan 01/01/2004				
2a	Plan sponsor's name and address (employer, if for single-employe	r nlan)	A RECOGNIC OF THE WASHINGTON OF THE WASHINGTON	2h	Employer Identification Number				
	TERPOINT MANAGEMENT, INC.	, 6.2.0	-		(EIN) 20·1450395				
	9 - 72ND AVE. S., SUITE 125 T WA 98032			2c Plan sponsor's telephone number 253-395-2026					
					Business code (see Instructions) 531310				
SAM	Plan administrator's name and address (if same as Plan sponsor, E	enter Same	ין		Administrator's EIN 20-1450395				
					Administrator's telephone number 253-395-2026				
	the name and/or EIN of the plan sponsor has changed since the liname, EIN, and the plan number from the last return/report. Spons		port filed for this plan, enter the	4b	EIN				
				4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	4				
b	Total number of participants at the end of the plan year	5b	4						
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					4				
6a	Were all of the plan's assets during the plan year invested in eligi	ble assels?	(See instructions.)		X Yes No				
b	Are you claiming a walver of the annual examination and report of under 29 CFR 2520,104-467 (See instructions on walver eligibility	f an Indeper	ident qualified public accountant (IQI	PA)	Yes ∏ No				
	If you answered "No" to either 6a or 6b, the plan cannot use i	Form 5500-	SF and must instead use Form 55		Yes   No				
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a	Total plan assets	7a	74791	71160000	82632				
b	Total plan flabilities	7b		- 50.03					
C	Net plan assets (subtract line 7b from line 7a)	7c	74791		82632				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
a	Contributions received or receivable from:	9-(4)							
	(1) Employers		5500						
	(2) Participants		3300	-					
b	Other income (loss)	200	8789						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		0700	+	14289				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		-		1-1200				
е	Certain deemed and/or corrective distributions (see instructions)		6448	-					
f	Administrative service providers (salaries, fees, commissions)								
g	Olher expenses								
- 574	Total expenses (add lines 8d, 8e, 8f, and 8g)			1-	6448				
ī	Net income (loss) (subtract line 8h from line 8c)			1	7841				
j	Transfers to (from) the plan (see instructions)	81		1					
For F	aperwork Reduction Act Notice and OMB Control Numbers, see the instruct	ions for Form	5500-SF	_	Form EEDO SE (OA(A)				

Form	5500-SF	2010
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EIN WES	
D 3	- 14
Page Z	-11

Part IV	Plan Characteristics
Part IV	Pian Unaracteristic

- 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 2G 2J 2K 2T 3D 3E
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:

Part	ν	Compliance Questions		Western State of March							
10		ng the plan year:	-	2 000		Yes	No		Am	ount	
а		there a fallure to transmit to the plan any participant contributions CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary			10a	V	х		Ŧ	200 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Wer on li	e lhere any nonexempt transactions with any party-in-interest? (Do	o not include transa	actions reported	10b		х				
C	Wa	s the plan covered by a fidelity bond?	******	10c		X	1015-132-050				
d	ACCUPATION OF THE PROPERTY OF										
9	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.)									2400	
f	Has	the plan falled to provide any benefit when due under the plan?	***************************************	***************************************	101		Х	3. 3W-8-31		Edward March	
g	DId	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		Х				
h	If thi 252	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	OFR	10h		×				
i	If 10	ih was answered "Yes," check the box if you either provided the re aptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	101				•		
Part	۷I	Pension Funding Compliance	,								
11	ls th 5500	is a defined benefit plan subject to minimum funding requirements	? (If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form	ī	Yes	П №
	(If "\ If a \ gran rou c	nis a defined contribution plan subject to the minimum funding requ fes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being ar the waiver	norlized in this plar (Form 5500), and	n year, see instruc Mon i skip to line 13,	clions, th	and e	nter the	e dale of	the le	etter ruli	No No
b		r the minimum required contribution for this plan year				_	12b				
d	Sub	er the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the aftive amount)	result (enter a mint	us sign to the left	of a		12c 12d			-	
е		the minimum funding amount reported on line 12d be met by the fo						Yes	П	No [	N/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ar or any prior yea	r?					Ī	Yes	X No
	II "Y	es," enter the amount of any plan assets that reverted to the empty	oyer this year	******************			13a				
	Wer of th	e all the pian assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	under	the co				Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from t th assets or liabilities were transferred. (See Instructions.)	his plan to another	plan(s), idenlify th	ne plar	n(s) lo			-		
1	3c(1)	Name of plan(s):			13c(2) EIN(s) 1:				13c(3) PN(s)		
										****	
Caut	on: /	A penalty for the late or incomplete filing of this return/report	will be assessed u	inless reasonabl	le cau	se is	estabil	shed.			***************************************
SP O	Sch	alties of perjury and other penalties set forth in the Instructions, i d edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have e The electronic vers	examined this return/	report	ort, in and t	cluding o lha b	, if applic est of my	able, know	a Sche /ledge :	dule and
SIGN	,	Cal .	1105-81-F	CHRISTOPHER	RE.R	ICHAF	RDS				DE DOTTO
HER	-		Date	Enter name of in	ndividu	al sigi	ning as	plan adn	ninistr	alor	
SIGN HER	-	Signature of employer/plan sponsor	Dale	Enjar nama af in	. الداد والم		1			PV76 = 1000 AND	40000000
	- N	e-Strategie at ettible Jenkien ekanaet		Enter name of in	MINION	वा शती	ing as	employe	r or p	ап ѕро	nsor