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).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Complete all entries in according to the complete all entries are considered to the considere	dance wit	h the instructions to the Form 5500	0-SF.	1		
	rt I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010		
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan		
	This return/report is for: first return/report	n/report		Ц			
	an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	automatio	extension		DFVC program		
	special extension (enter description						
Da	rt II Basic Plan Information—enter all requested information	,					
	Name of plan	alion	_	1h	Three-digit		
	Re POINTE SURVEYING RETIREMENT PLAN			10	plan number		
OLIT	THE FOUNTE CONVEYING RETIREMENT FEW				(PN) ▶ 001		
				1c	Effective date of plan		
					01/01/2004		
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number		
CEN	TRE POINTE CONSULTANTS, INC., P.S.			0-	(EIN) 91-1746415		
P.O.	BOX 6639			2C	Plan sponsor's telephone number 253-813-1901		
KEN	T, WA 98064			2d	Business code (see instructions)		
					541370		
3a	Plan administrator's name and address (if same as Plan sponsor, el TRE POINTE CONSULTANTS, INC., P.S. P.O. BOX 66	nter "Same	e")	3b	Administrator's EIN		
CEN	KE POINTE CONSULTANTS, INC., P.S. P.O. BOX 66 KENT, WA 9	39 8064		0 -	91-1746415		
				3C	Administrator's telephone number 253-813-1901		
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN		
	name, EIN, and the plan number from the last return/report. Sponso		,				
				4c PN			
5a	Total number of participants at the beginning of the plan year			5a	15		
b	Total number of participants at the end of the plan year			5b	10		
С	Total number of participants with account balances as of the end of	the plan y	rear (defined benefit plans do not		0		
	complete this item)			5c	8		
	Were all of the plan's assets during the plan year invested in eligib		` '		^ 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				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	. 7a	120179)	109760		
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	120179)	109760		
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		(b) Total		
а	Contributions received or receivable from:		(a) Amount		(b) Total		
<u> </u>	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	11566	5			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			11566		
d	Benefits paid (including direct rollovers and insurance premiums		24.005				
	to provide benefits)						
е	Certain deemed and/or corrective distributions (see instructions) \ldots	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			21985		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-10419		
i	Transfers to (from) the plan (see instructions)						

	Form 5500-SF 2010 Page 2-						
rt	IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 2K 2T 3D	acteris	stic Co	des in t	he instructions:		
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Coc	les in th	ne instructions:		
rt	V Compliance Questions	-	- I	1			
	During the plan year:		Yes	No	Amo	unt	
3	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			
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
;	Was the plan covered by a fidelity bond?	10c		X			
k	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			
;	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			
	Has the plan failed to provide any benefit when due under the plan?	10f		X			
j	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
	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					
t	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
	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	RISA?	Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						

Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		Yes X No			
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С							
	13c(1)	Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)			

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

Day_

12b

12c

12d

Yes

No

N/A

b Enter the minimum required contribution for this plan year.....

c Enter the amount contributed by the employer to the plan for this plan year......
 d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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

12

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	Filed with authorized/valid electronic signature.	09/27/2011	KIMBERLY A. LARSON
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 Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

▶ 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

Part I Annual Report Identification Information									
For	For calendar plan year 2010 or fiscal plan year beginning and ending								
Αī	his retum/report is for:	X single-employer plan [multiple-	employer plan (not multiemployer)		one-participant plan			
Вп	B This return/report is for:			rn/report					
an amended return/report			short plan	n year retum/report (less than 12 mo	nths)				
			1	extension		DFVC program			
special extension (enter description									
Da	rt II Basic Plan Info	rmation—enter all requested inform							
-	Name of plan	mation—enter all requested inform	lation		46	- I was a grown to the			
	RE POINTE SURVEYING R	ETIDEMENT DI ANI			-ID	Three-digit plan number			
OCIN	THE FORME SURVEYING IN	CTINEIVENT FEAT				(PN) DO1			
					1c	Effective date of plan 01/01/2004	W. C.		
2a	Plan sponsor's name and add	dress (employer, if for single-employe	r plan)		2h	Employer Identification Nu	ımher		
	RE POINTE CONSULTANTS		an Brook rigge			(EIN) 91-1746415			
	BOX 6639				2C	Plan sponsor's telephone 253-813-1901	number		
KENT	WA 98064	No. of the last of			2d	Business code (see instru 541370	ctions)		
3a SAMI		d address (if same as Plan sponsor, e	enter "Sam	e")	3b	Administrator's EIN 91-1746415			
					3с	Administrator's telephone 253-813-1901	number		
		lan sponsor has changed since the la		eport filed for this plan, enter the	4b				
	251 439 435.73	per from the last return/report. Spons			4c	PN			
5a	Total number of participants	at the beginning of the plan year	************		5a		15		
b Total number of participants at the end of the plan year					5b		10		
С		with account balances as of the end c			5c		8		
6a		during the plan year invested in eligit	1200			X Yes	Пио		
b	Are you claiming a waiver of	the annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)		X Yes	No No		
		ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.		27.30		
	t III Financial Inforn	nation	T			.00995			
	Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End of Year	100000		
E1	T.)			120179	-		109760		
				450470	-	un			
		7b from line 7a)	. 7c	120179		109760			
	Income, Expenses, and Tran			(a) Amount	4	(b) Total			
	Contributions received or rec (1) Employers	eivable from:	. 8a(1)		1				
				-	=				
			1		-				
		s)		11566	1				
		n-(n) n-(n) 1 n-)		11386	_		11500		
		, 8a(2), 8a(3), and 8b)	. 8c		-		11566		
	to provide benefits)	t rollovers and insurance premiums		21985					
		clive distributions (see instructions)			4				
		ers (salaries, fees, commissions)			_				
							unida esta esta esta esta esta esta esta est		
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h				21985		
ì	Net income (loss) (subtract li	ne 8h from line 8c)	81				-10419		
i	Transfers to (from) the plan (see instructions)	. 0:						

Form	5500-SF	201

SIGN HERE

Signature of employer/plan sponsor

D 2	1
Page 2	-11

		Form 5500-SF 2010		age Z-[1						
Par						7465				
9a	If ti	e plan provides pension benefits, enter the applicable pension 2G 2J 2K 2T 3D	feature codes from the	List of Plan Chara	cteris	slic Co	des ir	ı the instru	ictions:	
b		e plan provides welfare benefits, enter the applicable welfare	feature codes from the	List of Plan Chara	cteris	lic Co	des in	the instru	ctions:	
Part	t V	Compliance Questions								77/100
10	Du	ring the plan year:		***************************************		Yes	No	1	Amoun	it
	2	as there a failure to transmit to the plan any participant contribu 3 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correction Progr	am)	10a		Х			
b	on	ere there any nonexempt transactions with any party-in-interest line 10a.)	sactions reported	10b		х			U180-	
C	W	as the plan covered by a fidelity bond?			10c		Х			
d	Di or	d the plan have a loss, whether or not reimbursed by the plan's dishonesty?	fidelity bond, that was	caused by fraud	10d		×			
е	ins	ere any fees or commissions paid to any brokers, agents, or oth surance service or other organization that provides some or all of structions.)	of the benefits under th	e plan? (See	10e		х			
f	Ha	s the plan failed to provide any benefit when due under the pla	n?		10f		Х	,		
g	Di	d the plan have any participant loans? (If "Yes," enter amount a	s of year end.)		10g		X			
h		his is an individual account plan, was there a blackout period? 20.101-3.)		9 CFR	10h		Х			
i	If ·	Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.10	ne required notice or or	ne of the	10i					
Part	VI	Pension Funding Compliance	3887-00					<u> </u>		
11	ls (his a defined benefit plan subject to minimum funding requirem	ents? (If "Yes," see ins	tructions and comp	olete S	Schedi	ule SE	(Form	П Үе	es 🛮 No
12		this a defined contribution plan subject to the minimum funding							Ye	
	(If	'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic	able.)							Lul
а	If a	walver of the minimum funding standard for a prior year is being	ng amortized in this pla	n year, see instruct	tions,	and er	nter th	e date of t	he letter	ruling
lf ·	vou	nting the waiver	e MB (Form 5500), an	Monu d skip to line 13.	n	-	Day .		Year	
b		ler the minimum required contribution for this plan year	- Al			T 6	12b			
С		er the amount contributed by the employer to the plan for this p				_	12c			
d	Su	olract the amount in line 12c from the amount in line 12b. Enter	the result (enter a min	us sign to the left o	fa		12d			
е	Wi	I the minimum funding amount reported on line 12d be met by t	he funding deadline?	••••••••••••				Yes	No	∏ N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	На	s a resolution to terminate the plan been adopted during the pla	an year or any prior yea	ar?					☐ Ye	s X No
		Yes," enter the amount of any plan assets that reverted to the e				_	13a			200 1000
b	We	re all the plan assets distributed to participants or beneficiaries he PBGC?	, transferred to another	r plan, or brought u	nder t	he cor	ntrol		Ye	s 🛛 No
С	If c	uring this plan year, any assets or liabilities were transferred fro ich assets or liabilities were transferred. (See instructions.)				(s) to				
1	13c(I) Name of plan(s):				130	(2) EII	V(s)	13c(3) PN(s)
			: Annastrace							
										18 M + A + C
Caut	ion:	A penalty for the late or incomplete filing of this return/rep	ort will be assessed	unless reasonable	Caus	e is e	stabli	shed	A CONTRACTOR OF THE PARTY OF TH	
Unde SB o	r pe r Sc	nallies of perjury and other penalties set forth in the instructions nedule MB completed and signed by an enrolled actuary, as we strue, correct, and complete.	s, I declare that I have	examined this retur	n/rend	ort inc	ludina	if applica	ble, a Sc (nowledg	hedule e and
SIG	N	* Dimper Mei Don	19-22-11	KIMBERLY A. LA	ARSO	N				
	HERE Signature of plan administrator Dale Enter name of individual signing as plan administrator						plan admi			

Date

Enter name of individual signing as employer or plan sponsor