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					
For	calendar plan year 2010 or fiscal plan year beginning 10/01/2010)	and ending	09/30/2	2011	
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	ım
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
	Name of plan			1b	Three-digit	
THR	IFT RECYCLING MANAGEMENT, INC. EMPLOYEE RETIREMENT I	PLAN			plan number	001
				4-	(PN) •	
				10	Effective date of 01/01/2	•
2a	Plan sponsor's name and address (employer, if for single-employer p	plan)		2b	Employer Identif	ication Number
	IFT RECYCLING MANAGEMENT, INC.	,			(EIN) 87-0719	
1001	5 LAKEWOOD DR SW			2c	Plan sponsor's t	elephone number
	EWOOD, WA 98499			2d	Business code (
					238900	
3a	Plan administrator's name and address (if same as Plan sponsor, en IFT RECYCLING MANAGEMENT, INC. 10015 LAKEV	nter "Same	2")	3b	Administrator's I	
HIK	LAKEWOOD,			30		elephone number
				30	253-98 ⁴	4-1520
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PNI	
5a	Total number of participants at the beginning of the plan year			5a	111	13
b	Total number of participants at the end of the plan year			5b		0
C	Total number of participants with account balances as of the end of			30		
	complete this item)			5c		0
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			Yes No
b	Are you claiming a waiver of the annual examination and report of a					X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		•••••	☐ 1c3 ☐ 1 1 0
Pa	rrt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	890	3		0
b	Total plan liabilities	7b		0		
С	Net plan assets (subtract line 7b from line 7a)	7с	890	3		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:	90(4)				
	(1) Employers	8a(1)	46	7		
	(3) Others (including rollovers)	8a(2) 8a(3)				
b	Other income (loss)	8b	71	4		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1181
d	Benefits paid (including direct rollovers and insurance premiums	- 00				
	to provide benefits)	8d	1008	4		
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				10084
į	Net income (loss) (subtract line 8h from line 8c)	8i				-8903
ĺ	Transfers to (from) the plan (see instructions)	Ωi				

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Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

art	٧	Compliance Questions						
0	Dur	ing the plan year:		Yes	No		Amou	nt
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, trance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					🔲 🗅	∕es X N
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?	🗌 ነ	res 🔼 N
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1		
		er the minimum required contribution for this plan year		1	12c			
		er the amount contributed by the employer to the plan for this plan year			120			
u		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	res N
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co			X	res N
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	13	c(3) PN(s)
						_		
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
B or	Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the MB completed and signed by an enrolled actuary, as well as the electronic version of this returnet true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	11/15/2011	JEFF MCMULLIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	11/15/2011	JEFF MCMULLIN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

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	Pension Benefit Guaranty Corporation	► Complete all entries in accor	rdance witl	n the instruction	ons to the Form 550	00-SF.	1118	spacifor)
		dentification Information						
For	the calendar plan year 2010 or i	fiscal plan year beginning	10/0	1/2010	and ending	09	/30/2011	
A	This return/report is for:	single-employer plan] multiple-e	mployer plan (no	ot multiemployer)		one-participa	nt plan
В	This return/report is for:	first return/report	final returr	√report				
	Ī	an amended return/report	short plan	year return/repo	ort (less than 12 mont	hs)		
С	Check box if filing under:	7 Form 5558	automatic	extension	•	Ĺ	DFVC progra	m
		special extension (enter description	J			L] =: + = p. = g. =	•••
D	art III Basic Plan Infor	<u> </u>						
1a	Name of plan	mation enter all requested info	rmation.			1h -	Three-digit	
	·						olan number	
	THRIFT RECYCLING MANA	GEMENT, INC. EMPLOYEE RET	IREMENT	PLAN			PN) ▶	001
							Effective date of 01/01/2006	plan
2a	Plan sponsor's name and address	ss (employer, if for single-employer pl	an)					fication Number
	THRIFT RECYCLING MANA		,				EIN) 87-07:	
	10015 LAKEWOOD DR SW							elephone number
	2020 2220000 011 011						(253) 984-1	.520 see instructions)
	LAKEWOOD	WA 98499					238900	see instructions)
3 a	Plan administrator's name and a Same	ddress (if same as plan employer, en	ter "Same")			3b /	Administrator's E	EIN
						3c /	Administrator's t	elephone number
4	If the name and/or EIN of the pla	an sponsor has changed since the last	t return/repo	ort filed for this pl	an, enter the	4b (EIN	
	name, EIN and the plan number	from the last return/report. Sponsor's	Name			4c F	PN	
5a	Total number of participants at the	he beginning of the plan year				5a		13
b	Total number of participants at the	he end of the plan year				5b		0
С	Total number of participants with	account balances as of the end of the	e plan year	(defined benefit	plans do not			_
6a	Were all of the plan's assets duri	ing the plan year invested in eligible a	ssets? (See	instructions \		5c	<u> </u>	0
b		annual examination and report of an i					• • • •	XYesNo
	under 29 CFR 2520.104-46? (Se	ee instructions on waiver eligibility and	d conditions.)				XYes No
-		6a or 6b, the plan cannot use Form	n 5500-SF a	nd must instea	d use Form 5500.	,		
_	Financial Inform	ation	30500000	1				
7	Plan Assets and Liabilities		-0.0	(a) Be	ginning of Year		(b) End	of Year
a b	Total plan assets	• • • • • • • • • • •	· 7a		8,903			0
	• •		. 7b		0			
<u>.c</u>	Net plan assets (subtract line 7b		. 7c		8,903	_		0
8	Income, Expenses, and Transfer		No.	(a) Amount	The second second	(b) T	otal
а	Contributions received or receive (1) Employers	iole irom:	8a(1)					
	(2) Participants		8a(2)		467	198		
	(3) Others (including rollovers).		8a(3)					
b	Other income (loss)		. 8b		714	- 20		Carrier Services
Ç	Total income(add lines 8a(1), 8a		. 8c	No. of the last of				1,181
d	Benefits paid (including direct rol				Total State of the	400		
	to provide benefits)	• • • • • • • • • • •	· 8d		10,084			
e	Certain deemed and/or corrective	•	. 8e					1910年9
f	Administrative service providers	(salaries, fees, commissions)	. 8f			0.00		
g	Other expenses	• • • • • • • • • • • •	· 8g		At A post-	100		
h	Total expenses (add lines 8d, 8e	, 8f, and 8g)	. <u>8h</u>	· 温色温度。	10000000000000000000000000000000000000			10,084
i	Net income (loss) (subtract line 8	3h from line 8c)	. <u>8i</u>		2000年	2		(8,903)
i	Transfers to (from) the plan (see	instructions)	. 81			200		在新兴发展的 多数特别的影响

r al	t IV Plan Characteristics							
)a	If the plan provides pension benefits, enter the applicable pension 23' 3D	A faulture produce forces to						
	23 30	n waren a coctae tictul fi	ne List of Plan Characte	ristic Coo	les in the	instructio	na:	
D	If the plan provides welfare banefits, enter the applicable welfare	feature codes from the	List of Plan Characteris	itic Code	a in the in	struction	S .	
~ (46)	Compliance Questions							
0								
a	During the plan year:				es No		Amoun	
ь	Was there a failure to transmit to the plan any participant contrit 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fid Ware there any nonexempt transactions with any party-in-intere on line 10s.)			10a	x			
	on line 10a.)	and form twee distributed Itel	HARCOURS PROOFES	10b	×			i araini M
C	Was the plan covered by a fidelity bond?			-		+		
d	Did the plan have a loss, whether or not reimbursed by the plant	's ficiality hourd that us	The second second	10c	x	-		
	or dishonesty?	· · · · · · ·	in cannot by lieud	104	×			
8	Were any fees or commissions paid to any brokers, agants, or of	her persons by an iner	Panna namia	100		+		
	proprietation of Annie of Schwerschill Hill Dight 80106 OL 9	all of the benefits unde	the plan? (See					
f			والمالور والانتاء	10a	×		13 (17)	330
Q.	Has the plan falled to provide any benefit when due under the pl	lan?		101	x			
h	Old the plan have any participent loans? (If "Yes," enter amount	us of year end.) .		18g	×		Sul Sec	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	7 (See Instructions and	29 CFR					
í	IT IUT WEB STEWNISH "YES, Charle the here if your either annual and			10h	X	1000		
319	and a providing the notice applied under 29 CFR 2520 1	01-3	one of the	101				
ın	THE PROPERTY OF THE PROPERTY O			ole all and a		Language		
	is this a defined benefit plan subject to minimum funding requirer 5500))	ments? (If "Yes," see it		- Caboni	4. 55 2			
1	is this a defined contribution plan subject to the minimum funding (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appli If a waiver of the minimum funding standard for a prior year is bei granting the waiver	prequirements of sactificable.)	on 412 of the Code or si	ection 30	2 of ERIS	A?	etter rullna	* E
a / ye	is this a defined contribution plan subject to the minimum funding (if "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applied if a waiver of the minimum funding standard for a prior year is being granting the waiver or complete times 3, 9, and 16 of Scheduling the value.	prequirements of sectificable.) ing amortized in this plant amortized in this plant.	on 412 of the Code or si	ection 30 s, and er th	2 of ERIS	A?	. 🗆 Yı	* X
a Yyd	is this a defined contribution plan subject to the minimum funding (if "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as appli If a waiver of the minimum funding standard for a prior year is bei granting the waiver ou completed fine 12s, complete lines 3, 9, and 18 of Schedule Enter the minimum required contribution for this plan year	prequirements of sectificable.) ing amortized in this plants of the plan	on 412 of the Code or si an year, see instruction 	ection 30	2 of ERIS	A?	etter rullna	* E
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a /yo	is this a defined contribution plan subject to the minimum funding (if "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as appli If a waiver of the minimum funding standard for a prior year is being the waiver of the minimum funding standard for a prior year is being the waiver or understand the 12s, complete lines 3, 9, and 16 of Schedule Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this Subtract the amount in line 12c from the amount in line 12b. Enter negative amount). Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Asset	prequirements of sactificable.) ing amortized in this plan was (Form 5509), and plan year or the result (enter a mitthe funding deadline?	on 412 of the Code or so an year, see instruction Mon d skip to line 13.	ection 36	2 of ERIS	A?	etter rullna	04 X)
a dyn	is this a defined contribution plan subject to the minimum funding (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appli if a waiver of the minimum funding standard for a prior year is bei granting the waiver or completed line 12a, complete lines 3, 9, and 16 of Schedule Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this subtract the amount in line 12c from the amount in line 12b. Enter negative amount). Will the minimum funding amount reported on line 12d be met by Plan Terminations and Transfers of Assettes a resolution to terminate the plan been adopted during the others.	prequirements of sactificable.) ing amortized in this plan was (Form 5509), and plan year or the result (enter a mile funding deadline?	on 412 of the Code or so an year, see instruction Mon d skip to line 13.	ection 30	2 of ERIS ter the da Dej 12b 12c 12d	ite of the	etter ruling Year	ot E)
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