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

P	ension Ber	nefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mopeonon	
Pa	art I	Annual Report	t Ide	ntification Information					
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 08/31/2011								
Α.	This retu	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
		urn/report is for:		first return/report	final retur	n/report		_	
			Ħ	an amended return/report	short plar	year return/report (less than 12 mo	nths)		
C Check box if filing under: Form 5558 automatic extension						,	DFVC program		
	CHECK D	ox ii iiiiig under.	片	special extension (enter descripti	1	OCKETION		_ Bi vo piogram	
	- n4 II	Dania Dian Inf		1 \	,				_
	art II		orm	ation—enter all requested inform	nation		1h	Thurs a direit	
	Name o	of pian INT MANAGEMENT.	INC	401(K) PLAN			ID	Three-digit plan number	
CLIN	TEIXI OI	INT WANAGEMENT	, IIVC	40 I(IC) I LAIV				(PN) ▶ 001	
							1c	Effective date of plan	_
								01/01/2004	
				s (employer, if for single-employer	r plan)		2b	Employer Identification Number	
CEN	TERPOI	INT MANAGEMENT	, INC				20	(EIN) 20-1450395	
2081	9 - 72NE	D AVE. S., SUITE 12	25				2C	Plan sponsor's telephone numbe 253-395-2026	ſ
KEN	T, WA 98	8032					2d	Business code (see instructions)	
								531310	
3a	Plan ad	dministrator's name a INT MANAGEMENT.	and a	ddress (if same as Plan sponsor, e 20819 - 72N	enter "Same	e")	3b	Administrator's EIN 20-1450395	
CLIN	ILKFOI	INT WANAGEWENT	, IIVC	KENT, WAS		3011E 123	20		_
							36	Administrator's telephone numbe 253-395-2026	Г
4 1	f the nar	me and/or EIN of the	plan	sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN	
- 1	name, E	IN, and the plan nun	nber f	from the last return/report. Sponse	or's name		4-		
								PN T	_
							5a		4
b							5b		0
С				account balances as of the end of		rear (defined benefit plans do not	5c		0
62		•				(See instructions.)		X Yes ∏ N	10
b						ndent qualified public accountant (IQ			
-						ions.)		Yes N	10
				· .	orm 5500-	SF and must instead use Form 55	00.		
Pa	rt III	Financial Infor	rmat	ion					
7	Plan As	ssets and Liabilities				(a) Beginning of Year	_	(b) End of Year	_
а	Total p	lan assets			. 7a	8263	2		0
b									
С	Net pla	an assets (subtract lir	ne 7b	from line 7a)	. 7с	8263	2		0
8	Income	e, Expenses, and Tra	ansfei	s for this Plan Year		(a) Amount		(b) Total	
а		outions received or re			0-(4)				
						550	0		
	` '	•				330			
	• •	` •	,			92	1		
b		` ,				92	4	642	4
C				a(2), 8a(3), and 8b)	. 8c			642	4
d				llovers and insurance premiums	8d	8905	6		
е	Certain	n deemed and/or cor	rectiv	e distributions (see instructions)	8e				
f	Admini	strative service provi	riders	(salaries, fees, commissions)	8f				
g	Other e	expenses			8g				
h	Total e	expenses (add lines 8	8d, 8e	e, 8f, and 8g)				8905	6
i				Bh from line 8c)				-8263	2
j				instructions)					

	F	Form 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
)a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:	
		2F 2G 2J 2K 2T 3D 3E e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char.	acteris	tic Co	des in t	the instructi	ons:	
art	: V	Compliance Questions		,				
0		ing the plan year:		Yes	No	1	Amount	
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 lishonesty?	10d		Х			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance 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		Oh 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 con 0))					Yes	No
2	ls th	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of I	ERISA?	Yes	X No
	,	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru nting the waiver						-
lf :	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-				
b	Ente	er the minimum required contribution for this plan year			12b			
		er the amount contributed by the employer to the plan for this plan year			12c			
d		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
	\/11	Plan Tarminations and Transfers of Assets						

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? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year..... X Yes No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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)

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	Filed with authorized/valid electronic signature.	12/07/2011	CHRISTOPHER E. RICHARDS				
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

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

		Identification Information					
For	calendar plan year 2010 or fis		011	and ending	08/31/	2011	
A ·	This return/report is for:	X single-employer plan	multiple-emp	loyer plan (not multiemployer)		one-participant pla	n
В.	This return/report is for:	first return/report	X final return/re	eport			
		an amended return/report	short plan ve	ar return/report (less than 12 mo	onths)		
C	Check box if filing under:	Form 5558	automatic ex			DFVC program	
•	Sheck box if filling direct.	special extension (enter descrip		CONSTRUCTO		☐ Di VO piogram	
Da	rt II Basic Plan Info	rmation—enter all requested info	- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
خسيسا	Name of plan	imation—enter all requested into	rmation		146	Three-digit	
	TERPOINT MANAGEMENT,	INC 401(K) PLAN			10	plan number	
OLIV	TETO OUT MANAGEMENT,	INO. TO I(II) I EAIL				(PN) DO	1
					1c	Effective date of plan	
			- /218			01/01/2004	
	Plan sponsor's name and add TERPOINT MANAGEMENT,	dress (employer, if for single-employ	er plan)		2b	Employer Identification	n Number
OL!	TER ORTHORNETT,				20	(EIN) 20-1450395 Plan sponsor's telepho	one number
	9 - 72ND AVE. S., SUITE 125	5			1	253-395-2020	6
KEN.	T WA 98032				2d	Business code (see in	structions)
32	Dian administrator's same as	d address (if some as Dlan snows	(#D#)		- AL	531310	
SAM		nd address (if same as Plan sponsor	, enter Same)		30	Administrator's EIN 20-1450395	
					3с	Administrator's telepho 253-395-2026	one number
4 1	f the name and/or EIN of the	plan sponsor has changed since the	last return/repor	t filed for this plan, enter the	4b		
		ber from the last return/report. Spor					
		3 W	74877		4c	PN	
•60		at the beginning of the plan year			5a		4
							0
b		at the end of the plan year			5b		0
	Total number of participants	with account balances as of the end	f of the plan year	(defined benefit plans do not	5b 5c		0
6a	Total number of participants complete this item)	with account balances as of the end	of the plan year	(defined benefit plans do not	5c		
6a	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig the annual examination and report	d of the plan year	(defined benefit plans do not	5c	A. Madic	0 Yes No
6a	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig f the annual examination and report ? (See instructions on waiver eligibili	d of the plan year gible assets? (Se of an independer ty and conditions	(defined benefit plans do not ee instructions.) nt qualified public accountant (IQ	5c	A. Madic	0
6a b	Total number of participants complete this item)	with account balances as of the end- s during the plan year invested in eliq f the annual examination and report f (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use	d of the plan year gible assets? (Se of an independer ty and conditions	(defined benefit plans do not ee instructions.) nt qualified public accountant (IQ	5c	A. Madic	0 Yes No
6a b	Total number of participants complete this item)	with account balances as of the end- s during the plan year invested in eliq f the annual examination and report f (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use	d of the plan year gible assets? (Se of an independer ty and conditions	e instructions.)	5c	X	Yes No
6a b	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig f the annual examination and report ? (See instructions on waiver eligibilither 6a or 6b, the plan cannot use mation	gible assets? (Se of an independent y and conditions Form 5500-SF	(defined benefit plans do not ee instructions.) nt qualified public accountant (IQ	5c	A. Madic	Yes No
6a b	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig f the annual examination and report ? (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use mation	gible assets? (Se of an independent y and conditions Form 5500-SF	e instructions.)	5c	X	Yes No
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in eliq f the annual examination and report ? (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use mation	gible assets? (Se of an independent and conditions Form 5500-SF	e instructions.)	5c	X	Yes No
6a b Pa 7 a b	Total number of participants complete this item)	with account balances as of the end- s during the plan year invested in eliq f the annual examination and report ? (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use mation	gible assets? (Se of an independent and conditions Form 5500-SF	(defined benefit plans do not einstructions.)	5c	(b) End of Yes	Yes No Yes No
6a b	Total number of participants complete this item)	with account balances as of the end- s during the plan year invested in eliging the annual examination and report? (See instructions on waiver eligibilities 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent and conditions Form 5500-SF	(defined benefit plans do not et instructions.) nt qualified public accountant (IQs.) and must instead use Form 55 (a) Beginning of Year	5c	X	Yes No Yes No
6a b Pa 7 a b c	Total number of participants complete this item)	with account balances as of the end- s during the plan year invested in eliging the annual examination and report? (See instructions on waiver eligibilities 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent y and conditions of Form 5500-SF	(defined benefit plans do not einstructions.)	5c	(b) End of Yes	Yes No Yes No
6a b Pa 7 a b c	Total number of participants complete this item)	with account balances as of the end- s during the plan year invested in eliging the annual examination and report? (See instructions on waiver eligibilities 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent y and conditions of Form 5500-SF 7a 7b 7c 8a(1)	(defined benefit plans do not einstructions.)	5c	(b) End of Yes	Yes No Yes No
6a b Pa 7 a b c	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig f the annual examination and report ? (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent ty and conditions Form 5500-SF 7a 7b 7c 8a(1)	(defined benefit plans do not defined benefit plans do not defined public accountant (IQs.)	5c	(b) End of Yes	Yes No Yes No
6a b Pa 7 a b c	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig f the annual examination and report ? (See instructions on waiver eligibili lither 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3)	(defined benefit plans do not defined benefit plans do not defined public accountant (IQs.)	5c	(b) End of Yes	Yes No Yes No
Pa b c 8 a b c	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig f the annual examination and report ? (See instructions on waiver eligibili ither 6a or 6b, the plan cannot use mation e 7b from line 7a) e 7b from line 7a) ers)	gible assets? (Se of an independent y and conditions of Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8b 8c	(defined benefit plans do not einstructions.)	5c	(b) End of Yes	Yes No Yes No
Fa b c 8 a	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in elig f the annual examination and report ? (See instructions on waiver eligibilither 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent y and conditions of Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8b 8c 8c	(defined benefit plans do not einstructions.)	5c	(b) End of Yes	Yes No Yes No O O O O O O O O O O O O O O O O O O O
Pa b c 8 a b c	Total number of participants complete this item)	with account balances as of the ends s during the plan year invested in eliging the annual examination and report of the annual examination and report of the instructions on waiver eligibilities of the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent y and conditions of Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(defined benefit plans do not elements)	5c	(b) End of Yes	Yes No Yes No O O O O O O O O O O O O O O O O O O O
Pa b c d	Total number of participants complete this item)	with account balances as of the end s during the plan year invested in eliging the annual examination and report (See instructions on waiver eligibilities 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independently and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8d 8e	(defined benefit plans do not elements)	5c	(b) End of Yes	Yes No Yes No O O O O O O O O O O O O O O O O O O O
Pa b c d	Total number of participants complete this item)	with account balances as of the ends with account balances as of the ends of the annual examination and report? (See instructions on waiver eligibilither 6a or 6b, the plan cannot use mation e 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8f	(defined benefit plans do not elements)	5c	(b) End of Yes	Yes No Yes No O O O O O O O O O O O O O O O O O O O
Pa P	Total number of participants complete this item)	with account balances as of the ends s during the plan year invested in eliging the annual examination and report (See instructions on waiver eligibilities for 6a or 6b, the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independent y and conditions of Form 5500-SF and the second se	(defined benefit plans do not elements)	5c	(b) End of Yes	Yes No Yes No O O O O O O O O O O O O O O O O O O O
Pa b c b c d e f g	Total number of participants complete this item)	with account balances as of the ends s during the plan year invested in eligibility of the annual examination and report? (See instructions on waiver eligibility of the factor of the plan cannot use mation e 7b from line 7a)	gible assets? (Se of an independently and conditions of Form 5500-SF and The Tree of the T	(defined benefit plans do not elements)	5c	(b) End of Yes	Yes No Yes No O O O O O O

	FFAA	00	004	~
Form	NAI III.	_ ~ !	2111	11

		1
Dono 2	11	1
Page Z-	91	1

-			-				
Par	IV Plan Characteristics					23.5001	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	teristi	c Code	s in	the instruct	lions:	
L	2E 2F 2G 2J 2K 2T 3D 3E		2				
þ	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	tenstic	Code	s in ti	ne instructi	ons:	
Part	V Compliance Questions						
10	During the plan year:	- 1	Yes	No		Amount	-
а	Was there a failure to transmit to the plan any participant contributions within the time period described in		7 (937)			, 11104111	
712		10a		X			
b	The same and the s	10b		х			
C	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?	10d		х			
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		×			
f	Has the plan failed to provide any honefit when due under the plan?	10f		Х	-		
g		10a		х			•
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	lOh		x	Marina 1 - 1 - 2 - 1 - 1		
ì	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10ii					
Part		101					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	lele Sr	chedul	9 S R	(Form		2500000
2	5500))				(1 OIII	Yes	i No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	r sect	ion 302	2 of E	RISA?	Yes	X No
	(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 amortized in this plan year, see instruction granting the waiver	ons, a	nd ent	er the Day	date of th	e letter n Year	uling
lf	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		12	2b	100	2000	
C	Enter the amount contributed by the employer to the plan for this plan year		12	2c			
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)	a	12	2d			
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						
13a	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		1:	За		fei	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un	der th	e conti	ol		Ω	Пи
С	of the PBGC?			O.S.		X Yes	s ∐ No
	which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	NI-	40.40	. = 1			
	SC(1) Name of plant(s).		13c(2) EIN	(s)	130(3	3) PN(s)
						70	
							7134
			-117				
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re , it is true, correct, and complete.	n/repoi port, a	rt, inclu and to t	iding, he be	if applicates of my k	ole, a Sch nowledge	nedule e and
	12/24/2011 CHRISTOPHER	E RIC	HARD	0			

SIGN HERE
Signature of plan administrator
Date

CHRISTOPHER E. RICHARDS

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